

ABP 501 – Biosimilar Candidate to Adalimumab

FDA Arthritis Advisory Committee

12 July 2016

Introduction

Richard Markus, MD, PhD

Global Development, Amgen

Agenda

Introduction

Richard Markus, MD, PhD
Global Development, Amgen

Analytical and Nonclinical Similarity

Simon Hotchin
Regulatory Affairs, Amgen

Clinical Similarity and Extrapolation to All Indications

Richard Markus, MD, PhD
Global Development, Amgen

Conclusion

Steven Galson, MD, MPH
Regulatory Affairs and Safety, Amgen

External Experts

Stanley Cohen, MD

Clinical Professor, Department of Internal Medicine

University of Texas Southwestern Medical School, Dallas, TX

Kim Papp, MD, PhD, FRCPC

Probit Medical Research, Ontario Canada

Walter Reinisch, MD

Professor, Division of Gastroenterology, Department of Medicine

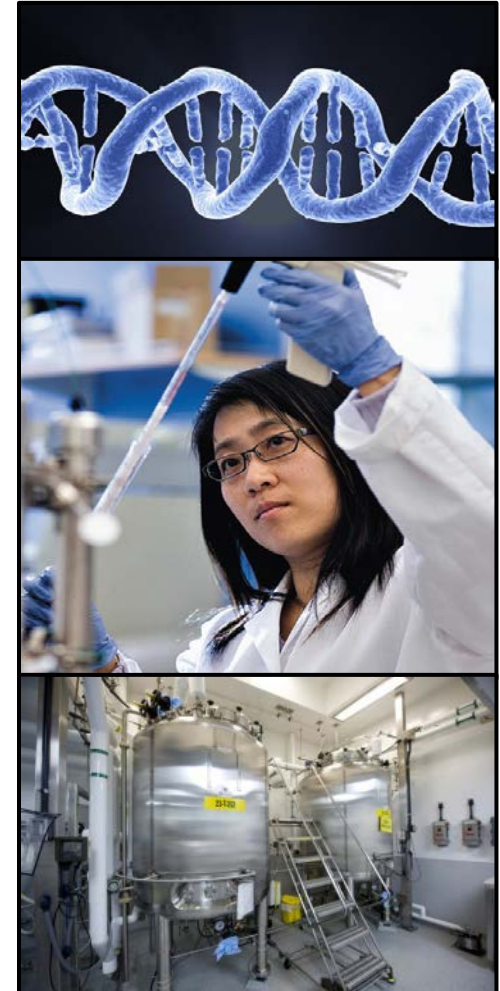
McMaster University, Ontario, Canada

Associate Professor, Gastroenterology

Medical University of Vienna, Austria

Amgen: A Biotechnology Pioneer

- More than 35 years of experience
- Capability to discover, develop, and manufacture complex biologics
- Broad pipeline of innovative medicines, and now also biosimilars
- Same scientists and laboratories to develop our biosimilars
- Same manufacturing network and quality systems to produce our biosimilars



ABP 501 and Adalimumab IgG1 Molecules that Bind and Inhibit $\text{TNF}\alpha$

Primary mechanism: *Neutralization of $\text{TNF}\alpha$*

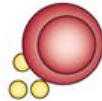
Apoptosis



Proliferation
(keratinocytes,
fibroblasts)



Cytokine
and
chemokine
release



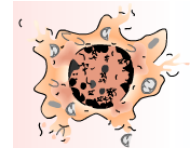
Adhesion
molecule
expression



DC
maturation

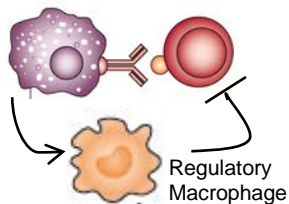


Non-
apoptotic cell
death

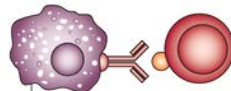


Additional activities: *Induced by mb $\text{TNF}\alpha$ engagement*

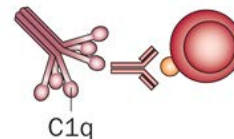
Induce regulatory
macrophages/Inhibit
T cell proliferation in MLR



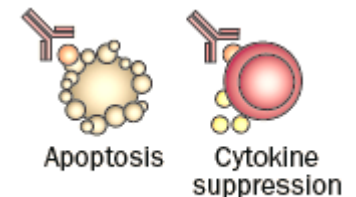
Antibody-dependent
cellular cytotoxicity
(ADCC)



Complement-dependent
cytotoxicity (CDC)

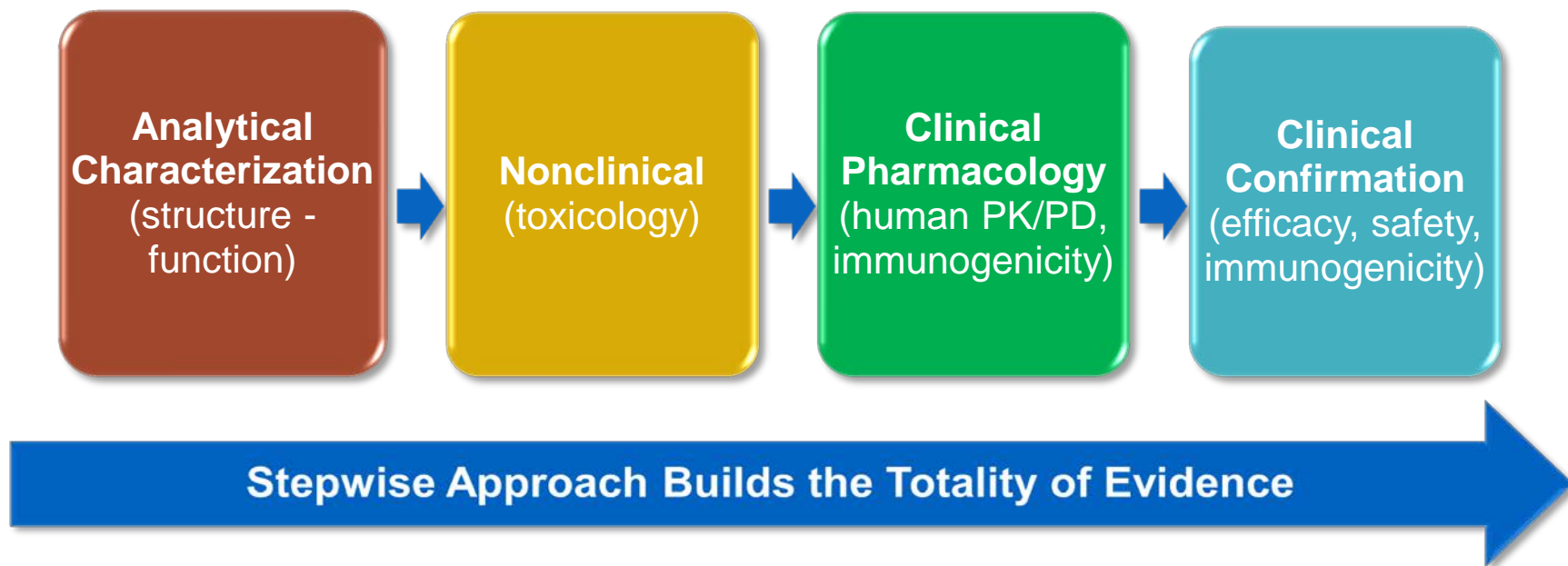


Reverse signaling



Biosimilar Development and Approval Is Based on the Totality of Evidence

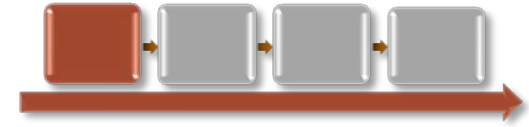
CI-7



ABP 501

Analytical Characterization

CI-8



**Analytical
Characterization**
(structure -
function)



- Same amino acid sequence
- Same potency and strength



- Similar structure with minor differences

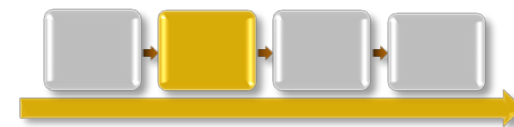


- Similar binding and functions

Analytical Characterization Shows Similar Structure and Function

ABP 501

Nonclinical Assessments



**Nonclinical
(toxicology)**



- Similar toxicokinetics



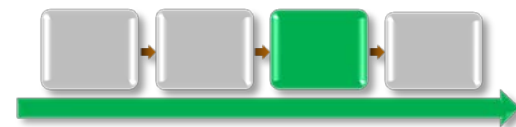
- Similar toxicology

Nonclinical Assessments Support Similarity

ABP 501

Clinical Pharmacology

CI-10



**Clinical
Pharmacology**
(human PK/PD,
immunogenicity)



- Similar PK
- No specific PD markers predictive of efficacy available for anti-TNFs



- Similar Immunogenicity

Pharmacology Shows Similar Drug Exposure

ABP 501

Clinical Confirmation

CI-11



Clinical Confirmation
(efficacy, safety, immunogenicity)

Similar Efficacy

- Rheumatoid Arthritis 6 month study
- Psoriasis 1 year study

Similar Safety

- Rheumatoid Arthritis – with methotrexate
- Psoriasis – without methotrexate

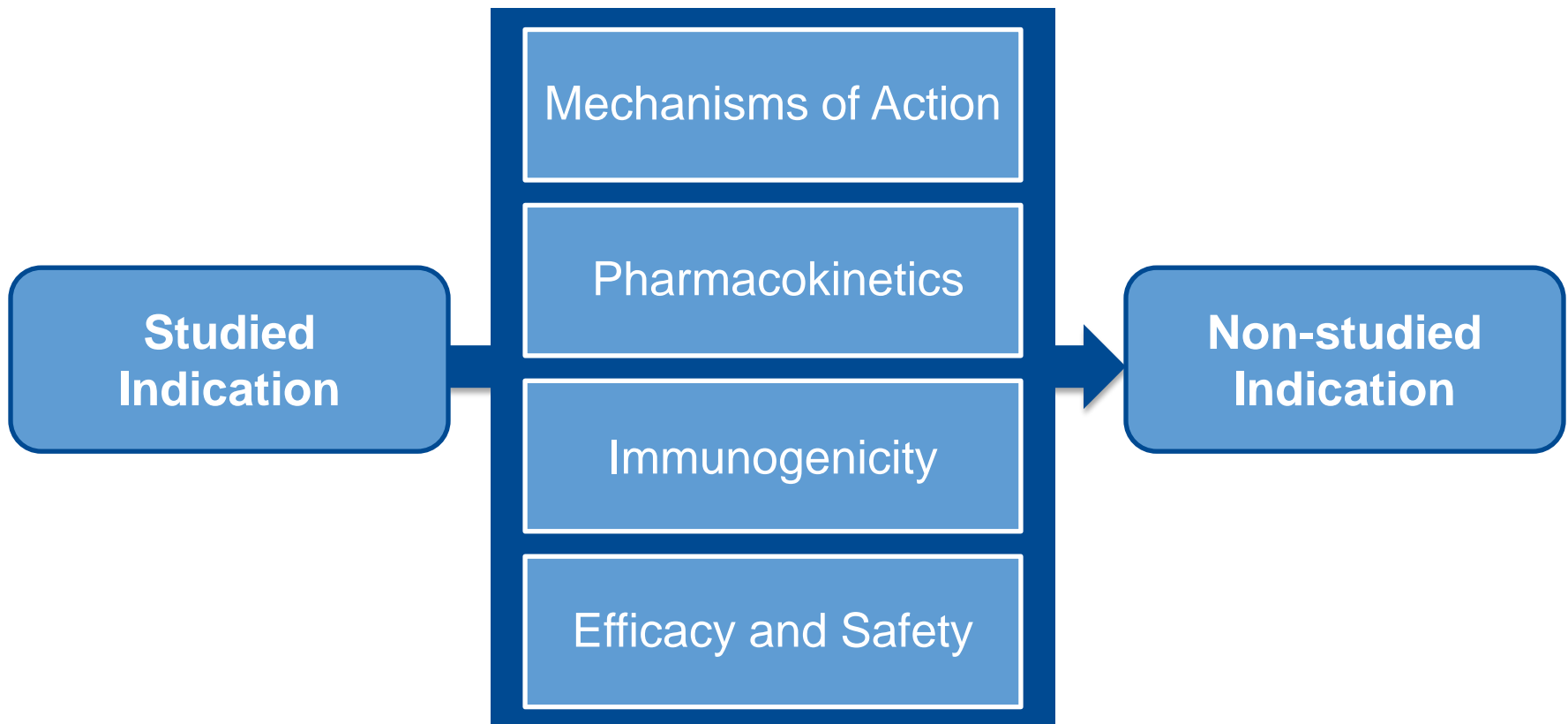
Similar Immunogenicity

- Rheumatoid Arthritis and Psoriasis
- Psoriasis includes transition to ABP 501

Equivalent Efficacy and Similar Safety and Immunogenicity

Extrapolation to Additional Populations

Extrapolation of **overall similarity** informing clinical safety and efficacy to non-studied indication



Proposed Indications of Use

Arthritides

Rheumatoid Arthritis

Juvenile Idiopathic Arthritis (≥ 4 yrs)

Psoriatic Arthritis

Ankylosing Spondylitis

Dermatologic

Plaque Psoriasis

Inflammatory Bowel Disease

Crohn's Disease

Ulcerative Colitis

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Analytical and Nonclinical Similarity to Adalimumab

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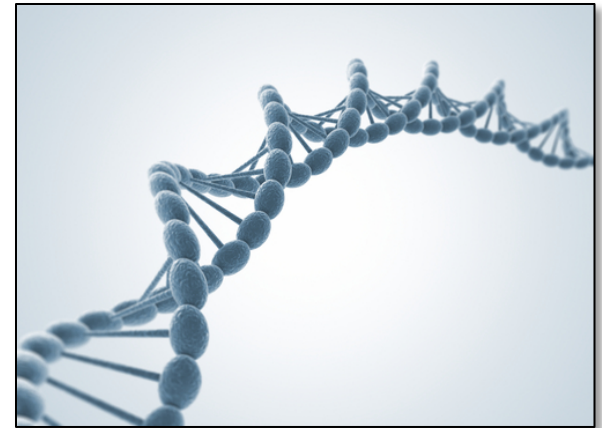
Overview

- **ABP 501 product and process design**
- **Design of the analytical similarity assessment**
- **Analytical similarity results and conclusions**
 - Structural and purity attributes
 - Functional activities
- **Nonclinical results and conclusions**

ABP 501 Product and Process Design

ABP 501 Cell Line Development

- Each biosimilar requires a new expression construct, transfection, clone selection, and cell bank
- Amgen carefully designed the ABP 501 cell line, screening a large number of clones
- Matched amino acid sequence and critical attributes of the reference product



ABP 501 Process Design

- **Process developed with multiple controls to ensure similarity**
- **Commercial manufacturing process established at the outset of development**
- **Same cell line used throughout development**



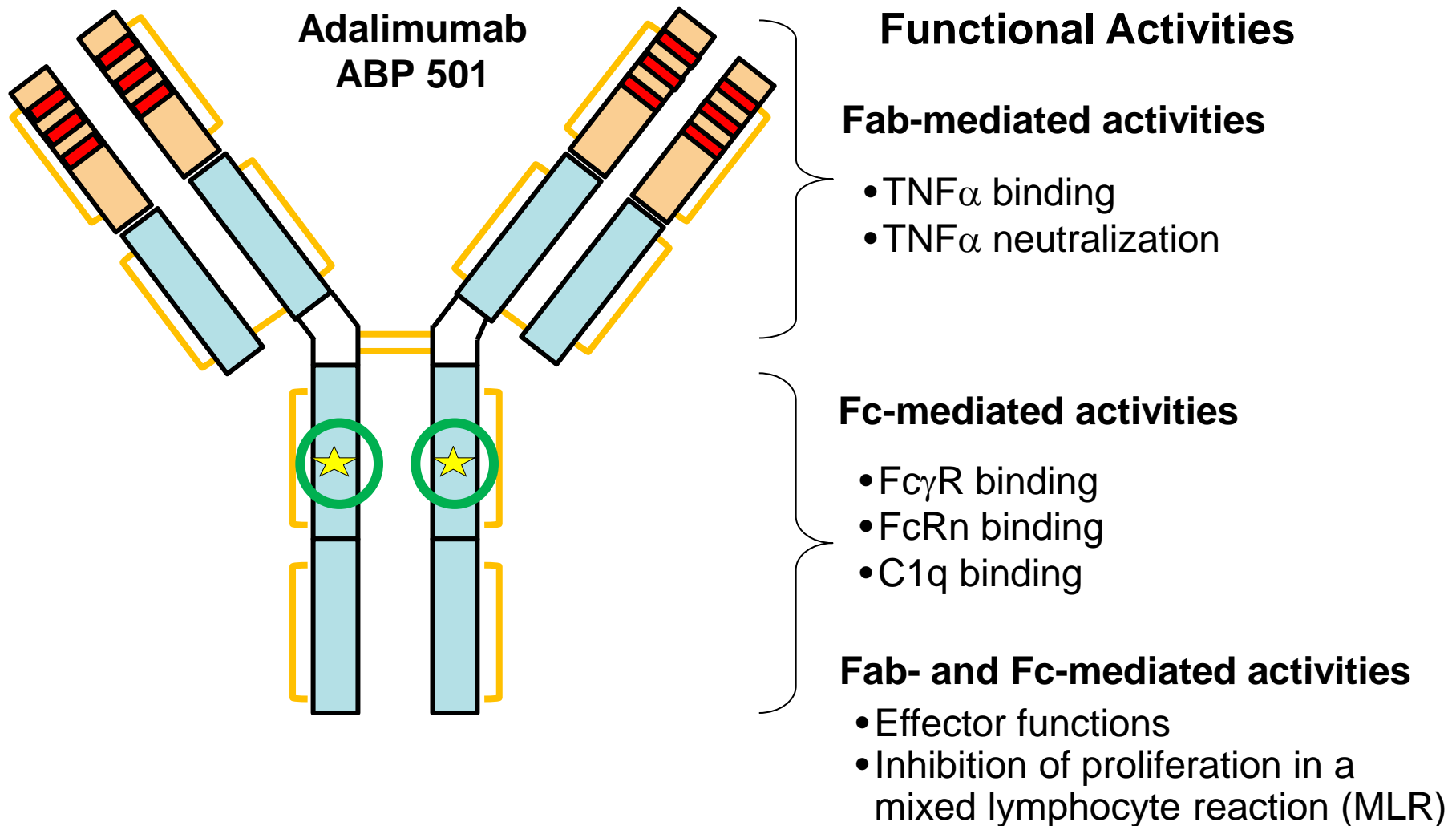
ABP 501 Presentations and Formulation

- **Three drug product presentations:**
 - Prefilled syringe, 20 mg
 - Prefilled syringe, 40 mg
 - Prefilled syringe / autoinjector, 40 mg

- **Formulation based on Amgen experience**
- **Excipients commonly used in injectable products**
- **Formulation differences shown to not impact similarity**

Design of the Analytical Similarity Assessment

Design Considerations: Activities Relevant to the Mechanisms of Action

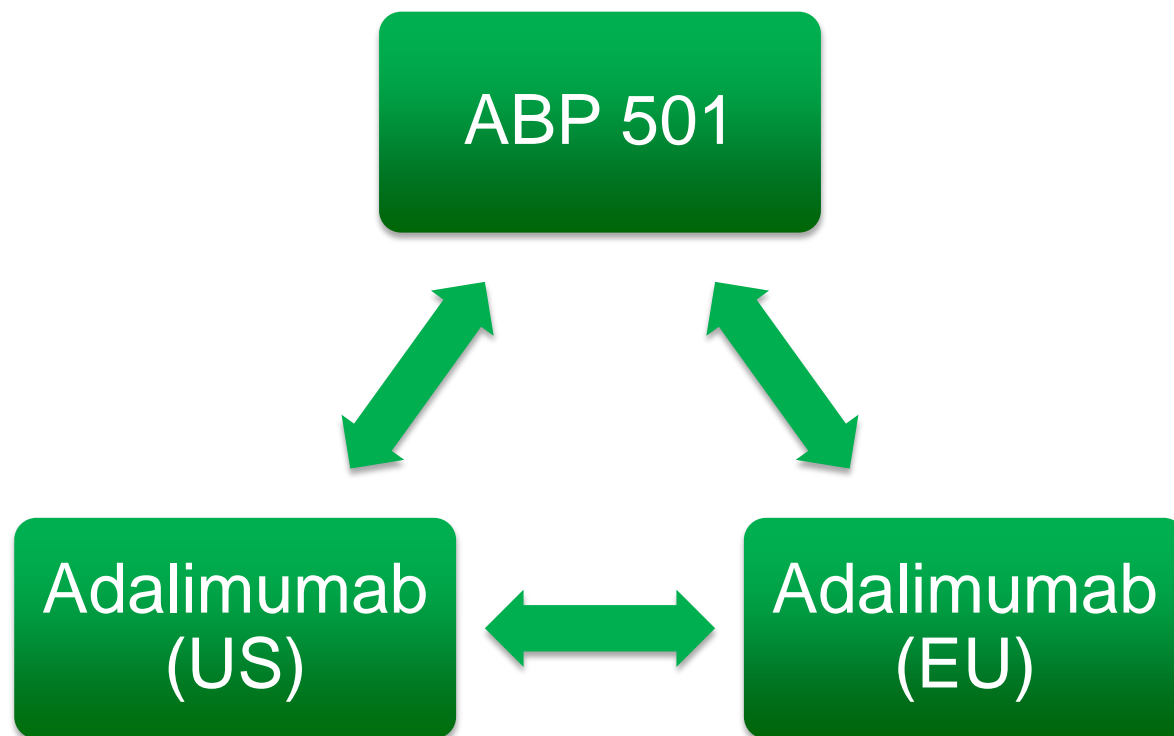


Design Considerations: Lots Used

- **Multiple lots were procured to facilitate the analysis**
 - Adalimumab: 24 US and 18 EU lots procured over 6 years
 - ABP 501: 10 lots manufactured over a similar period
- **The number of lots tested for a given method depended on the expected impact of the process on the attribute**

Design Considerations: Reference Product Bridging

CA-10



Design Considerations: Assessment Criteria

CA-11

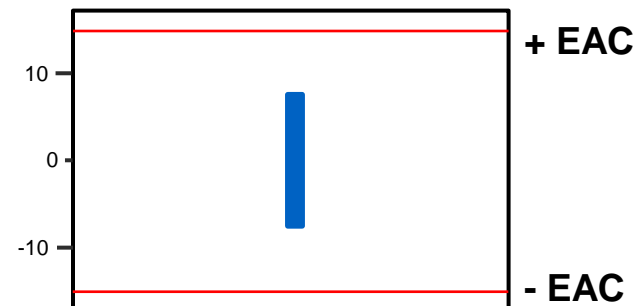
Considerations and Criteria

Tier 1

Attributes with the highest risk to clinical outcomes and includes assay(s) that evaluate clinically relevant primary mechanism(s) of action

Similarity is concluded when the 90% confidence interval around difference in means (blue bar) within ± 1.5 times the standard deviation of the US reference product lots tested

Results

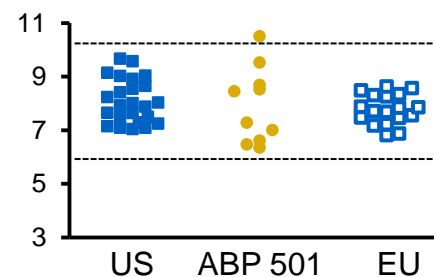


EAC = equivalence acceptance criteria

Tier 2

Attributes with relatively lower risk to clinical outcomes

Similarity is concluded when 90% of the ABP 501 lots are within a quality range set at mean ± 3 times the standard deviation of the US reference product lots tested



Tier 3

Attributes with the lowest risk to clinical outcomes or non-quantitative data

Similarity is based on qualitative comparisons

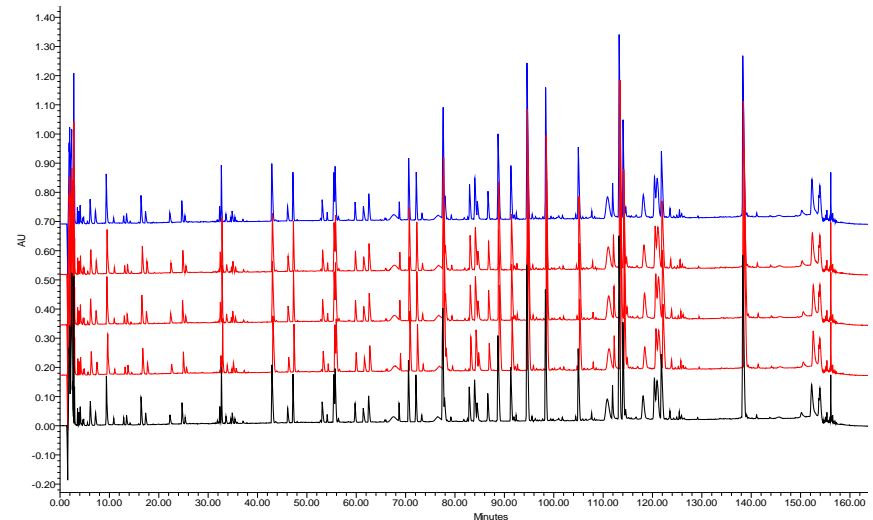
Evaluation of Structural and Purity Attributes

Primary Structure Similarity Results

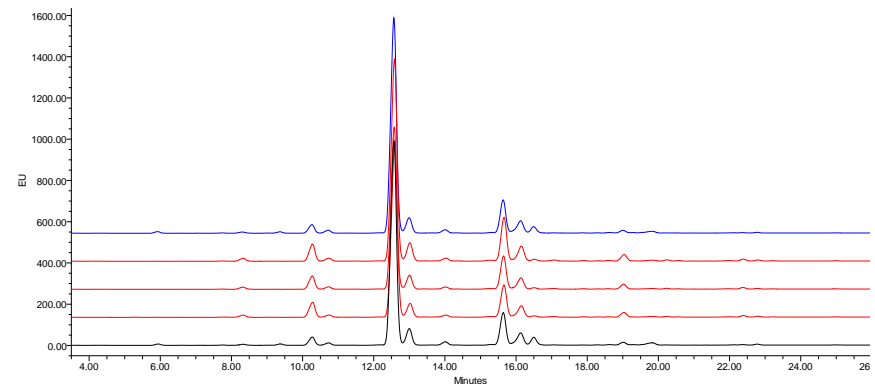
Primary Structure	Similarity Outcome
Intact whole mass	✓
Reduced deglycosylated molecular mass	✓
Reduced peptide map	✓
Nonreduced peptide map	✓
Glycan map	Minor quantitative differences
cIEF	✓
Extinction coefficient	✓
Identity by ELISA	✓

Blue = Adalimumab (EU) lots
 Red = ABP 501 lots
 Black = Adalimumab (US) lots

Reduced Peptide Map



Glycan Map



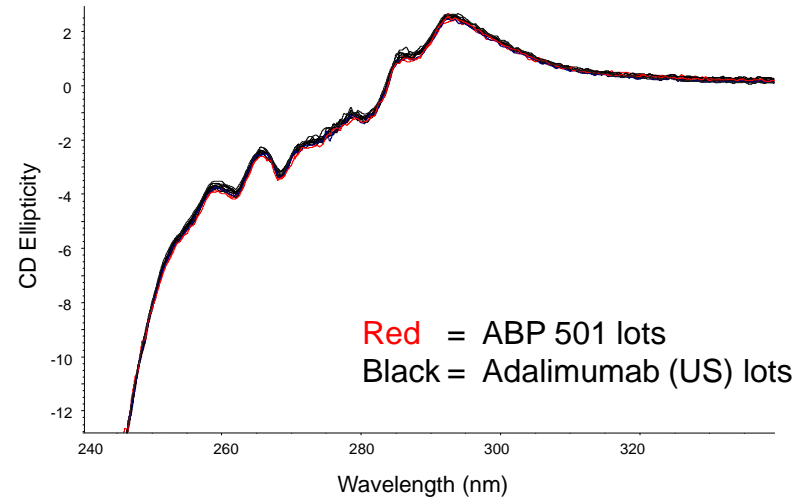
Higher Order Structure and Particles and Aggregates Similarity Results

Higher Order Structure	Similarity Outcome
FTIR	✓
Near UV circular dichroism	✓
DSC	✓

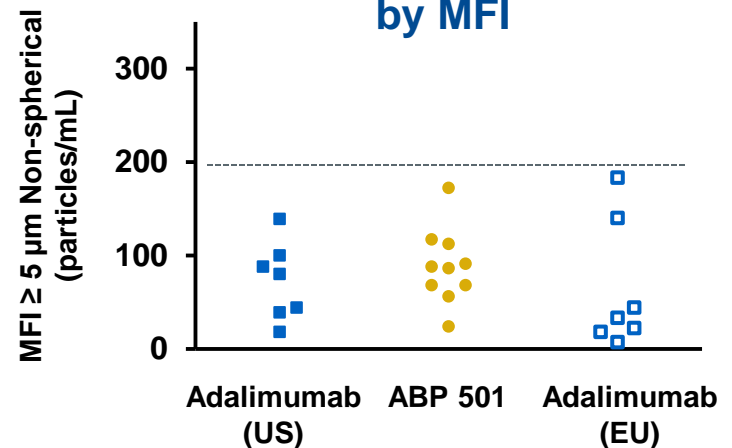
Particles and Aggregates

Microflow imaging (MFI)	✓
Subvisible particle counts by HIAC	✓
Field flow fractionation	✓
Dynamic light scattering	✓
AUC sedimentation velocity	✓
SE-HPLC with light-scattering	✓

Near UV Circular Dichroism



Proteinaceous Particles by MFI



Product-related Substances and Impurities Similarity Results

CA-15

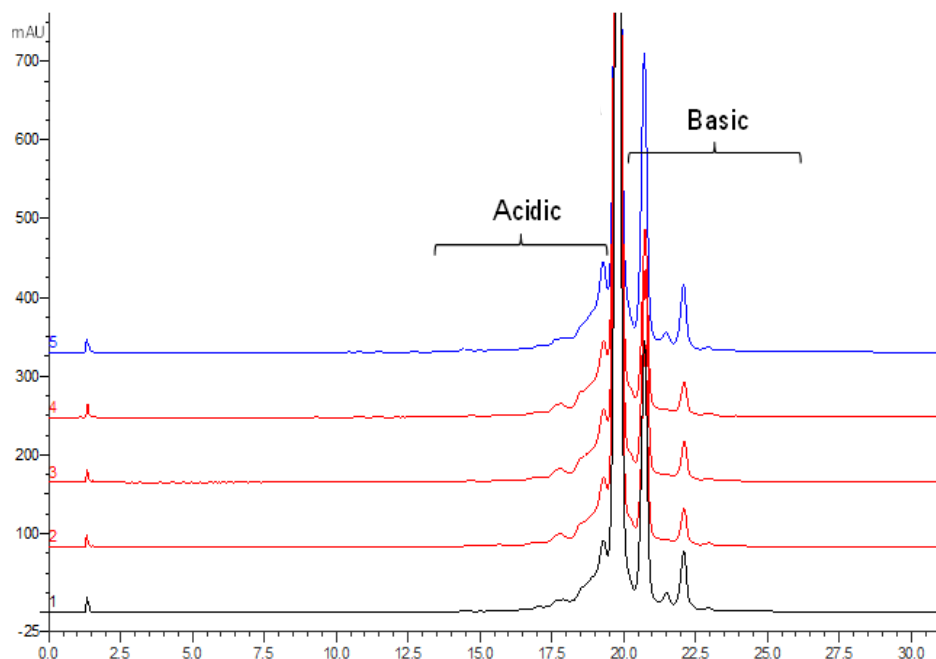
Product-related Substances and Impurities

Similarity Outcome

SE-HPLC	✓
rCE-SDS	Minor quantitative differences
nrCE-SDS	Minor quantitative differences
CEX-HPLC	Minor quantitative differences

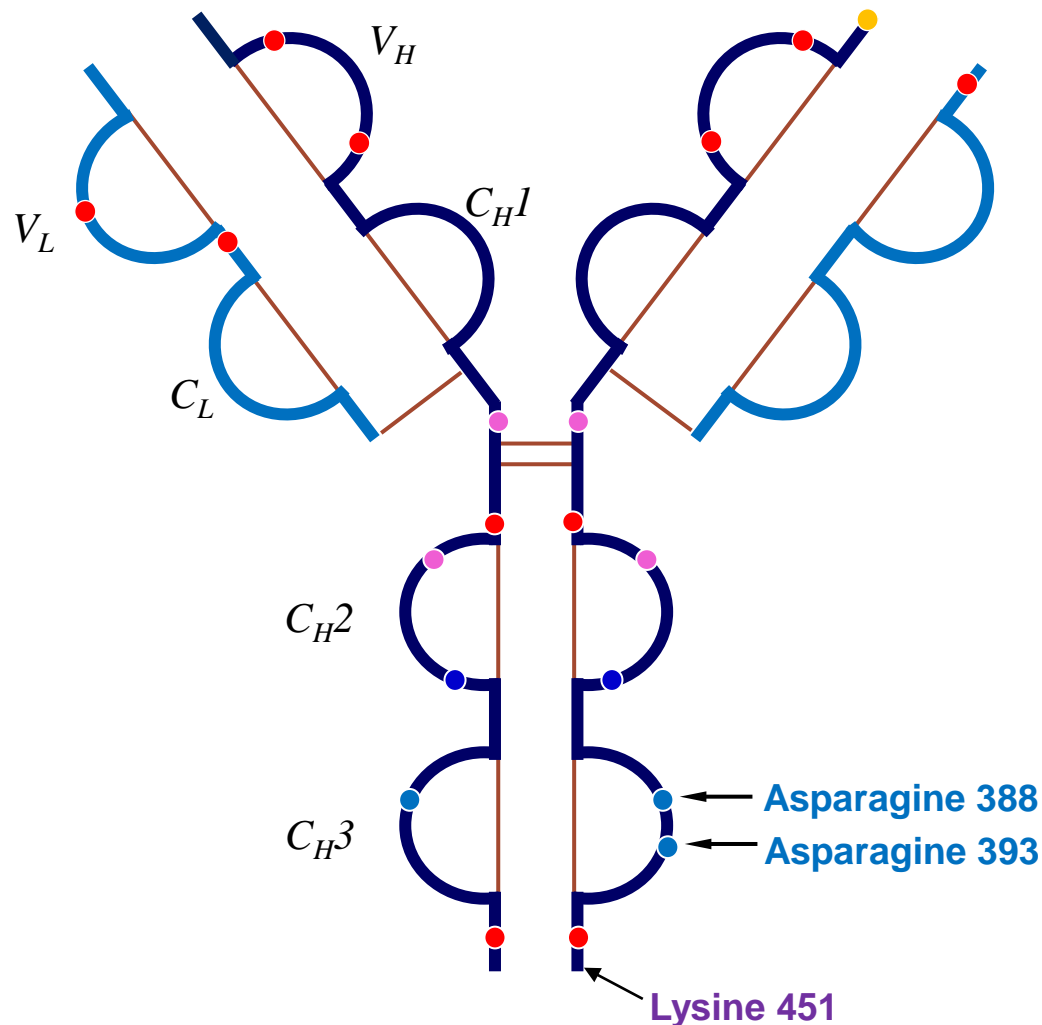
- No new species observed
- No impact on functional activities

CEX-HPLC



Blue = Adalimumab (EU) lots
Red = ABP 501 lots
Black = Adalimumab (US) lots

Assessment of Charge Profile Differences



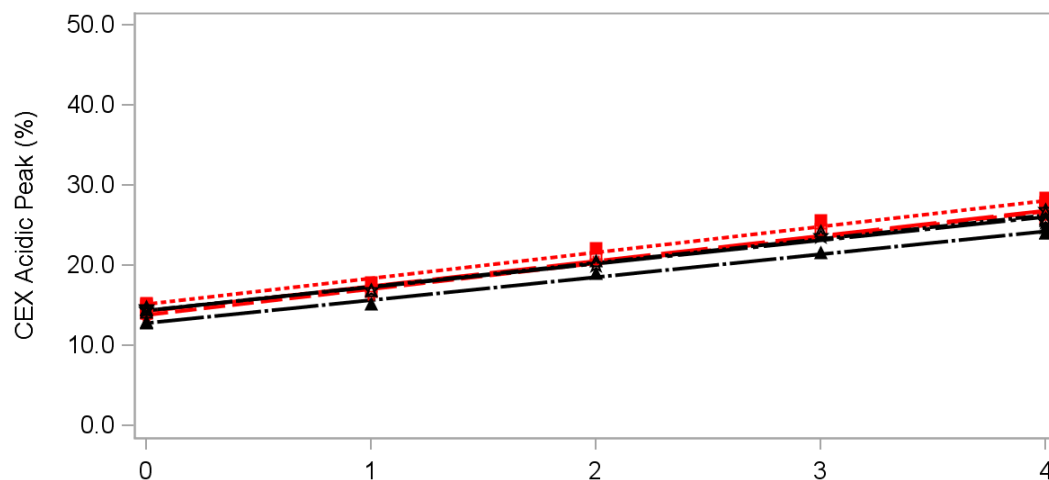
- Basic peak area differences due to differences in levels of C-terminal lysine (451)
- Acidic peak area differences due to differences in levels of deamidation at two asparagine sites (388 and 393)
- Same variants present in the reference product
- Modifications are not within the antigen, Fc receptor, or C1q binding domains
- Unlikely to impact PK, efficacy, safety, or immunogenicity

Thermal Forced Degradation Similarity Results

CA-17

Thermal Forced Degradation	Similarity Outcome
50°C Forced degradation	✓
40°C Accelerated stability	✓
25°C Accelerated stability	✓

**Degradation Rate Plot for
CEX-HPLC Acidic Peaks at 50°C**



Red = ABP 501 lots
Black = Adalimumab (US) lots

Deliverable Volume

Y-axis: Volume (mL) ranging from 0.77 to 0.85. X-axis categories: Adalimumab (US), ABP 501, Adalimumab (EU). Horizontal dashed lines are at approximately 0.786 and 0.814 mL.

Category	Volume (mL)
Adalimumab (US)	0.794, 0.796, 0.798, 0.799, 0.800, 0.801, 0.802, 0.803, 0.804, 0.805, 0.806, 0.807, 0.808, 0.809, 0.810, 0.811, 0.812
ABP 501	0.789, 0.790, 0.791, 0.792, 0.793, 0.794, 0.795, 0.796, 0.797, 0.798, 0.799, 0.800, 0.801, 0.802, 0.803, 0.804, 0.805, 0.806, 0.807, 0.808, 0.809, 0.810, 0.811, 0.812
Adalimumab (EU)	0.791, 0.792, 0.793, 0.794, 0.795, 0.796, 0.797, 0.798, 0.799, 0.800, 0.801, 0.802, 0.803, 0.804, 0.805, 0.806, 0.807, 0.808, 0.809, 0.810, 0.811, 0.812

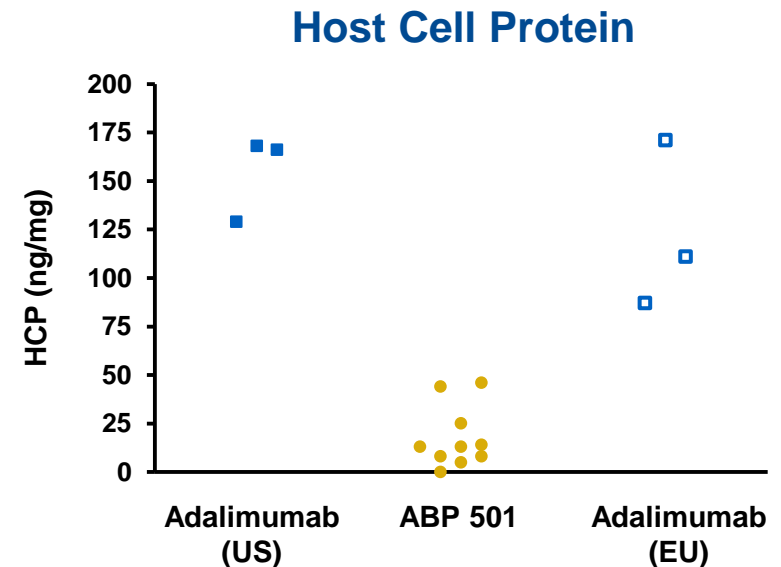
Protein Concentration

Y-axis: Concentration (mg/mL) ranging from 40 to 60. X-axis categories: Adalimumab (US), ABP 501, Adalimumab (EU). Horizontal dashed lines are at approximately 46.8 and 53.2 mg/mL.

Category	Concentration (mg/mL)
Adalimumab (US)	49.5, 49.6, 49.7, 49.8, 49.9, 50.0, 50.1, 50.2, 50.3, 50.4, 50.5, 50.6, 50.7, 50.8, 50.9, 51.0, 51.1, 51.2, 51.3, 51.4, 51.5, 51.6, 51.7, 51.8, 51.9, 52.0, 52.1, 52.2, 52.3, 52.4, 52.5, 52.6, 52.7, 52.8, 52.9, 53.0, 53.1, 53.2, 53.3, 53.4, 53.5, 53.6, 53.7, 53.8, 53.9, 54.0, 54.1, 54.2, 54.3, 54.4, 54.5, 54.6, 54.7, 54.8, 54.9, 55.0, 55.1, 55.2, 55.3, 55.4, 55.5, 55.6, 55.7, 55.8, 55.9, 56.0, 56.1, 56.2, 56.3, 56.4, 56.5, 56.6, 56.7, 56.8, 56.9, 57.0, 57.1, 57.2, 57.3, 57.4, 57.5, 57.6, 57.7, 57.8, 57.9, 58.0, 58.1, 58.2, 58.3, 58.4, 58.5, 58.6, 58.7, 58.8, 58.9, 59.0, 59.1, 59.2, 59.3, 59.4, 59.5, 59.6, 59.7, 59.8, 59.9, 60.0
ABP 501	47.5, 47.6, 47.7, 47.8, 47.9, 48.0, 48.1, 48.2, 48.3, 48.4, 48.5, 48.6, 48.7, 48.8, 48.9, 49.0, 49.1, 49.2, 49.3, 49.4, 49.5, 49.6, 49.7, 49.8, 49.9, 50.0, 50.1, 50.2, 50.3, 50.4, 50.5, 50.6, 50.7, 50.8, 50.9, 51.0, 51.1, 51.2, 51.3, 51.4, 51.5, 51.6, 51.7, 51.8, 51.9, 52.0, 52.1, 52.2, 52.3, 52.4, 52.5, 52.6, 52.7, 52.8, 52.9, 53.0, 53.1, 53.2, 53.3, 53.4, 53.5, 53.6, 53.7, 53.8, 53.9, 54.0, 54.1, 54.2, 54.3, 54.4, 54.5, 54.6, 54.7, 54.8, 54.9, 55.0, 55.1, 55.2, 55.3, 55.4, 55.5, 55.6, 55.7, 55.8, 55.9, 56.0, 56.1, 56.2, 56.3, 56.4, 56.5, 56.6, 56.7, 56.8, 56.9, 57.0, 57.1, 57.2, 57.3, 57.4, 57.5, 57.6, 57.7, 57.8, 57.9, 58.0, 58.1, 58.2, 58.3, 58.4, 58.5, 58.6, 58.7, 58.8, 58.9, 59.0, 59.1, 59.2, 59.3, 59.4, 59.5, 59.6, 59.7, 59.8, 59.9, 60.0
Adalimumab (EU)	49.5, 49.6, 49.7, 49.8, 49.9, 50.0, 50.1, 50.2, 50.3, 50.4, 50.5, 50.6, 50.7, 50.8, 50.9, 51.0, 51.1, 51.2, 51.3, 51.4, 51.5, 51.6, 51.7, 51.8, 51.9, 52.0, 52.1, 52.2, 52.3, 52.4, 52.5, 52.6, 52.7, 52.8, 52.9, 53.0, 53.1, 53.2, 53.3, 53.4, 53.5, 53.6, 53.7, 53.8, 53.9, 54.0, 54.1, 54.2, 54.3, 54.4, 54.5, 54.6, 54.7, 54.8, 54.9, 55.0, 55.1, 55.2, 55.3, 55.4, 55.5, 55.6, 55.7, 55.8, 55.9, 56.0, 56.1, 56.2, 56.3, 56.4, 56.5, 56.6, 56.7, 56.8, 56.9, 57.0, 57.1, 57.2, 57.3, 57.4, 57.5, 57.6, 57.7, 57.8, 57.9, 58.0, 58.1, 58.2, 58.3, 58.4, 58.5, 58.6, 58.7, 58.8, 58.9, 59.0, 59.1, 59.2, 59.3, 59.4, 59.5, 59.6, 59.7, 59.8, 59.9, 60.0

Process-related Impurities Similarity Results

Process-related Impurities	Similarity Outcome
Host cell protein (HCP) - ELISA	✓
HCP analysis by 2D differential in gel electrophoresis	✓
Protein A – ELISA	✓
Residual DNA – qPCR	✓

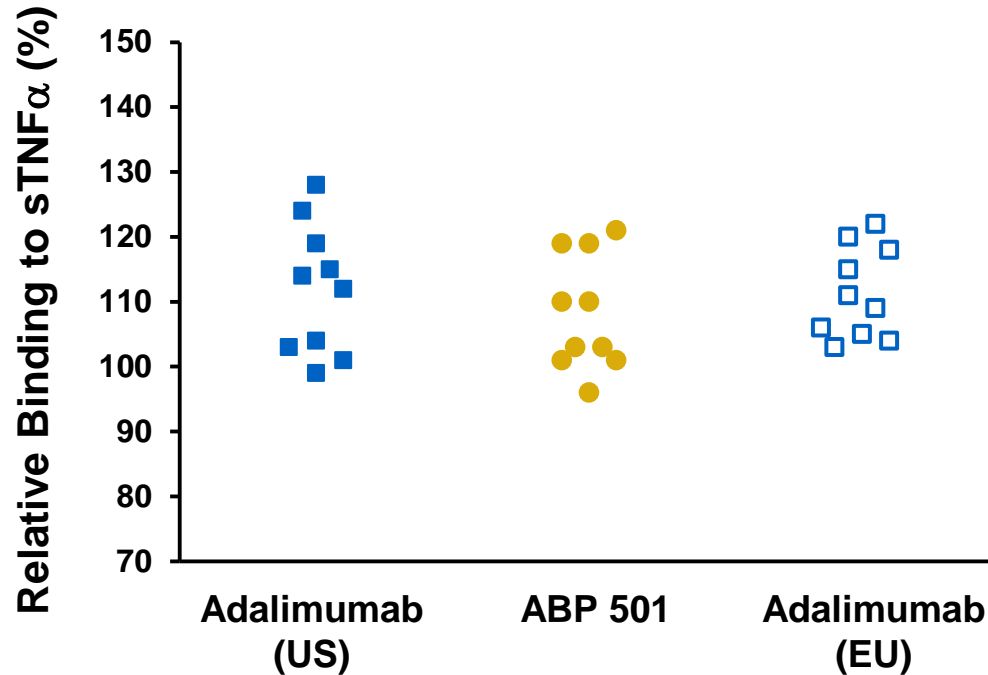


Evaluation of Functional Activities

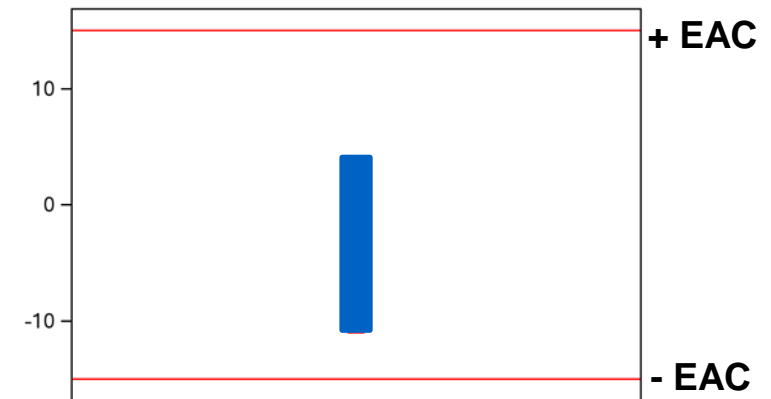
Similarity was Demonstrated in All Functional Activities Evaluated

Fab-mediated Activities	Fc-mediated Activities	Fab and Fc-mediated Activities
Apoptosis inhibition bioassay (Potency) ✓	FcγRIIIa (158V) binding ✓	Inhibition of proliferation in a mixed lymphocyte reaction (MLR) ✓
sTNFα binding ✓	FcγRIIIa (158V) + TNFα binding ✓	ADCC ✓
Binding kinetics to sTNFα ✓	FcγRIa binding ✓	CDC ✓
Inhibition of sTNFα-induced IL-8 in HUVEC ✓	FcγRIIa (131H) binding ✓	
Inhibition of sTNFα-induced cell death in L929 cells ✓	FcγRIIIa (158F) binding ✓	
Inhibition of sTNFα-induced chemokines in whole blood ✓	FcRn binding ✓	
Specificity against LTα in a HUVEC assay ✓	C1q binding ✓	
Binding to mbTNFα ✓		

Similar Binding to Soluble TNF α

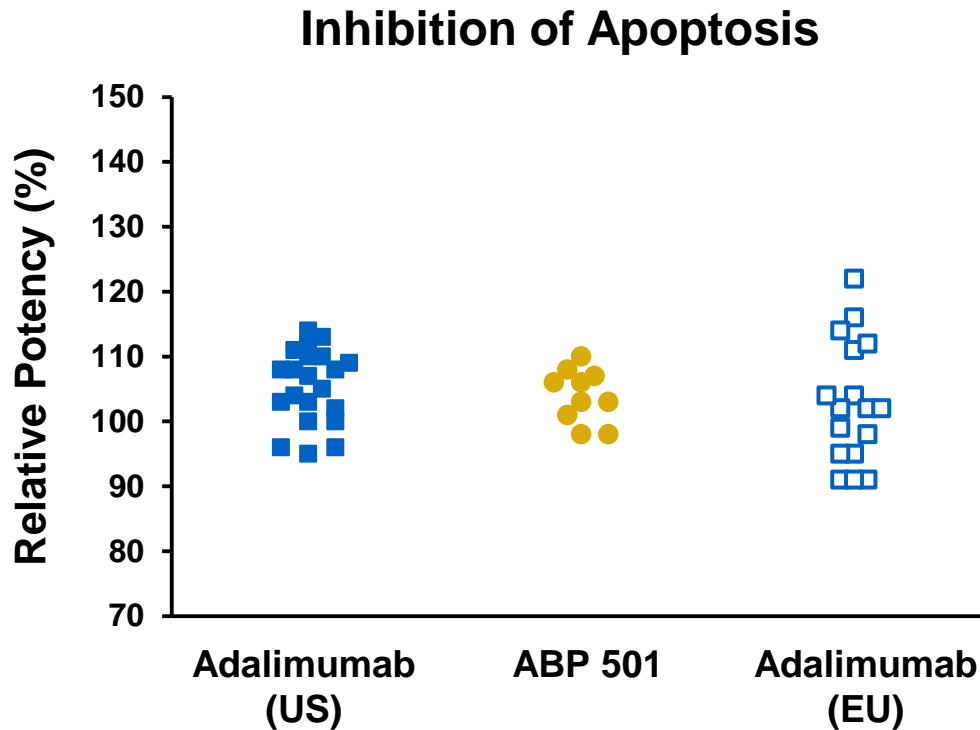


ABP 501 vs Adalimumab (US) Equivalence Test Result

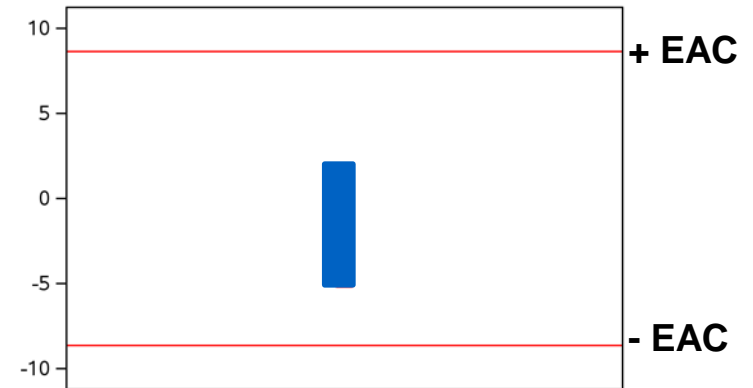


Blue bar = 90% confidence interval

Similar TNF α Neutralization

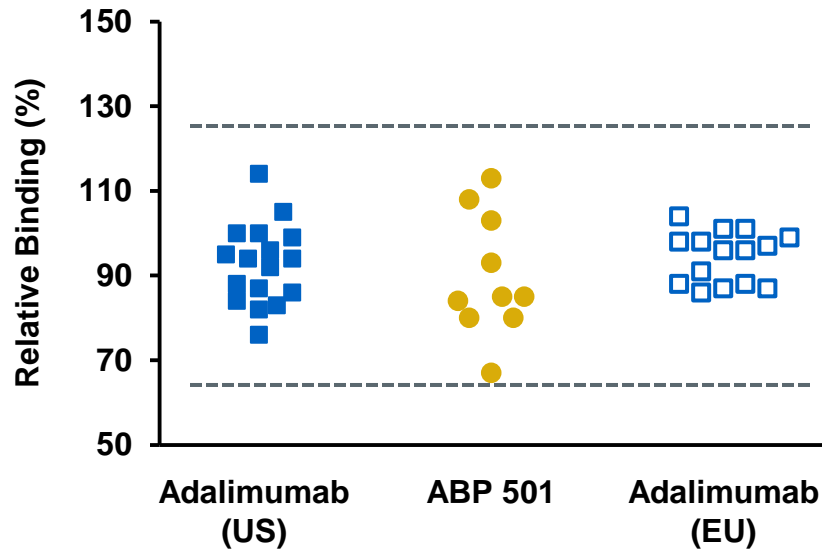


ABP 501 vs Adalimumab (US) Equivalence Test Result

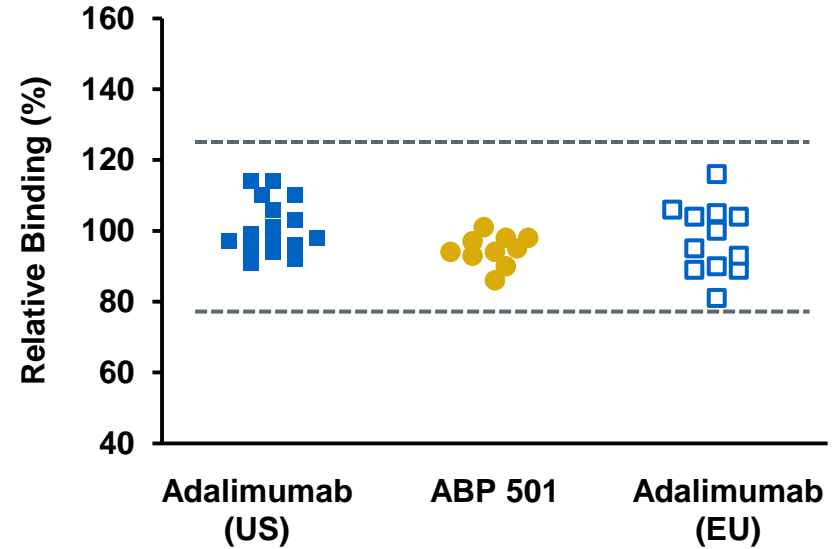


Similar Fc-mediated Activities

Fc γ RIIIa 158V Binding

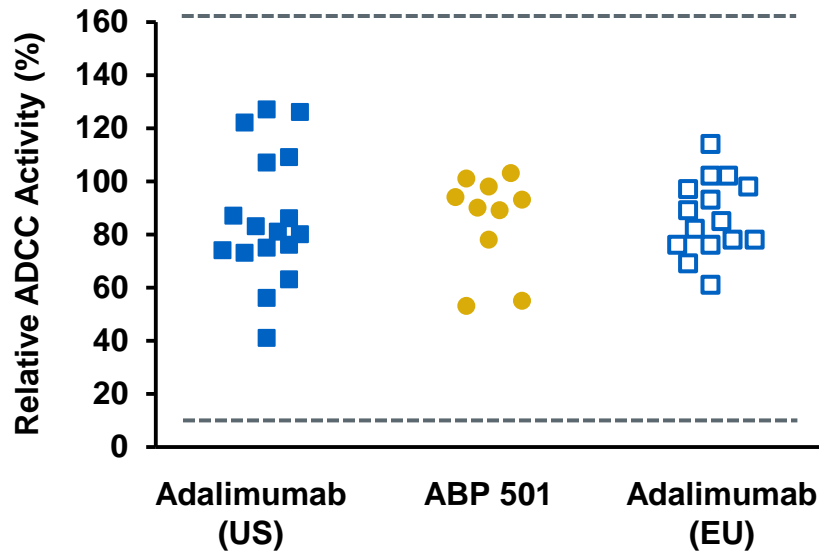


FcRn Binding

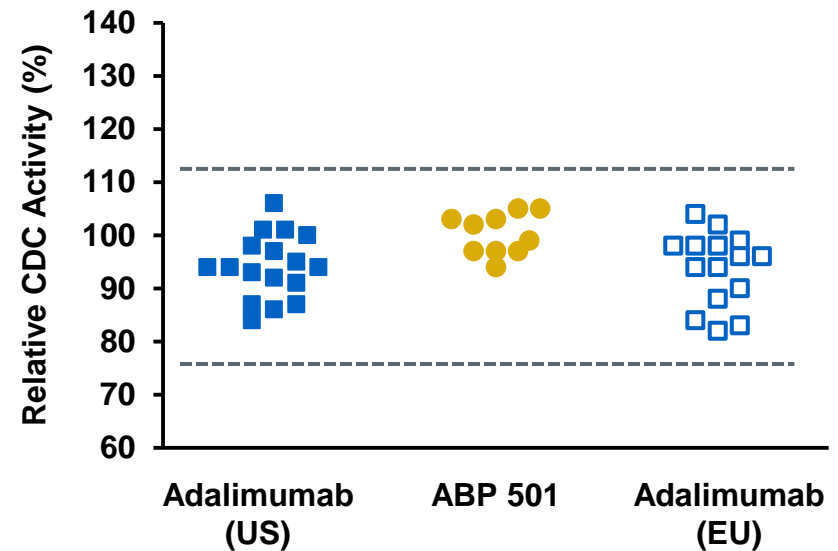


Similar Effector Functions

ADCC

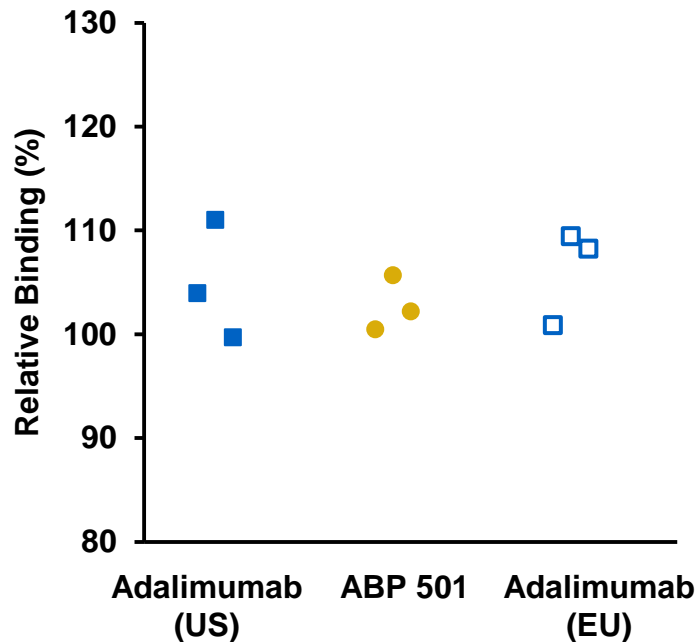


CDC

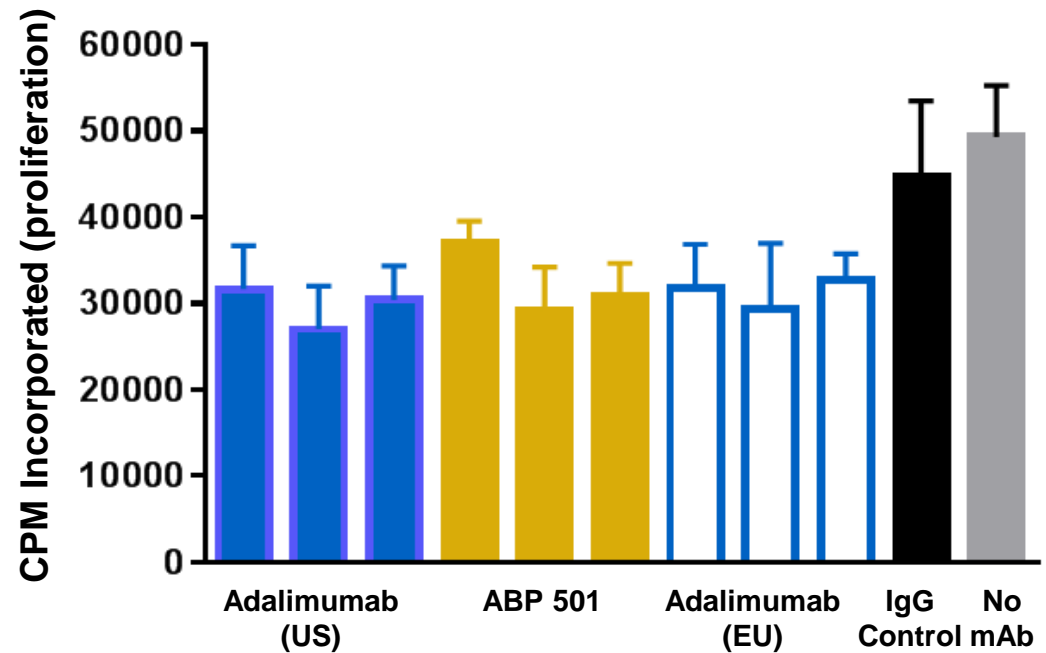


Similar mbTNF α Binding and Activity

mbTNF α Binding



Inhibition of Proliferation in an MLR



- Each bar represents a single lot tested (5 replicates per assay) with the standard deviation

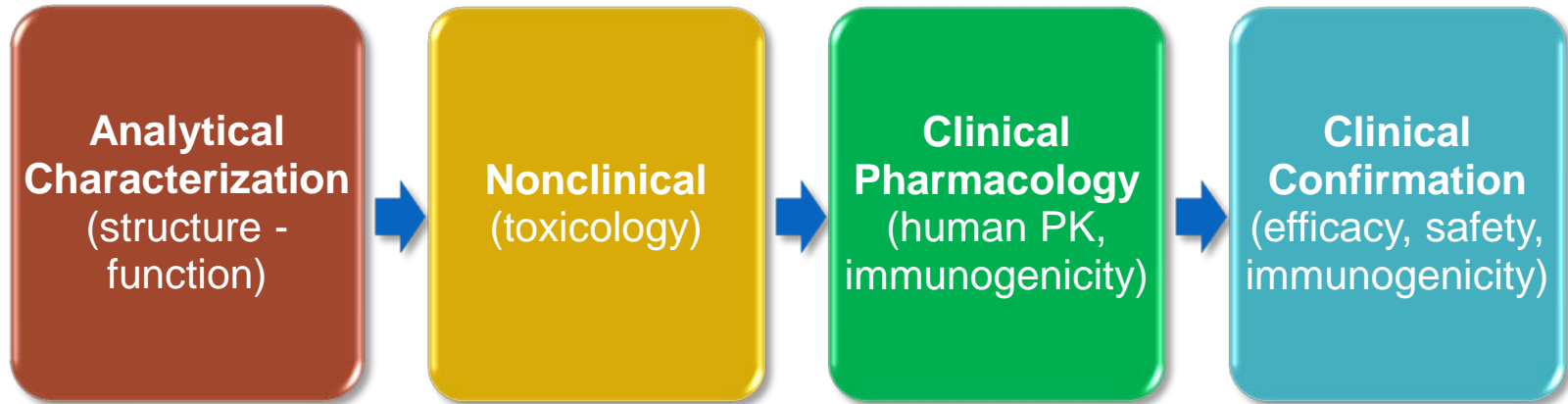
Extrapolation Based on Similarity in All Mechanisms of Action

Functional Similarity is Demonstrated in All Known and Plausible Mechanisms of Action

Mechanism of Action	Arthritides	Dermatologic	IBD	Functional Activity	Similarity Outcome
	RA, JIA, AS, PsA	Ps	CD, UC		
Primary					
Soluble TNF α binding	known	known	known	Relative binding to sTNF α	✓
				Binding kinetics by SPR	✓
Soluble TNF α neutralization	known	known	known	Inhibition of apoptosis	✓
				Neutralization of TNF α -induced cytokine in HUVEC	✓
				Inhibition of cytotoxicity	✓
				Inhibition of chemokine induction in blood	✓
Additional MOAs					
Membrane-bound TNF α binding	--	--	plausible	mbTNF α binding	✓
Effector functions	--	--	plausible	CDC	✓
				ADCC	✓
Modulation of Immune cells expressing mbTNF α	--	--	plausible	Inhibition of proliferation in an MLR	✓

Analytical Characterization Supports Biosimilarity

CA-29

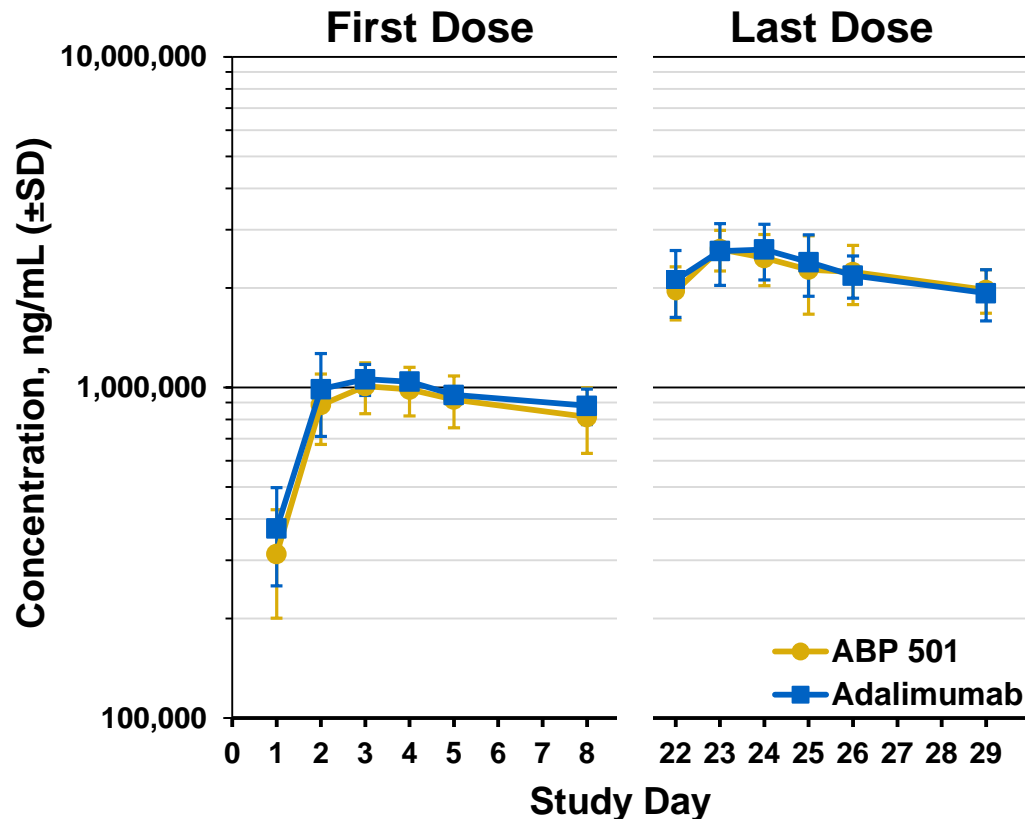


- Comprehensive analytical characterization was conducted
- Results demonstrate similarity, notably all functional activities matched the reference product
- ABP 501 is highly analytically similar to adalimumab
- Analytical similarity results form the foundation of the scientific justification for extrapolation

Nonclinical Results and Conclusions

Nonclinical: Toxicology

- ABP 501 vs adalimumab vs vehicle
- Four weeks: 157 mg/kg/wk dosed subcutaneously
- 3 male and 3 female cynomolgus monkeys/group

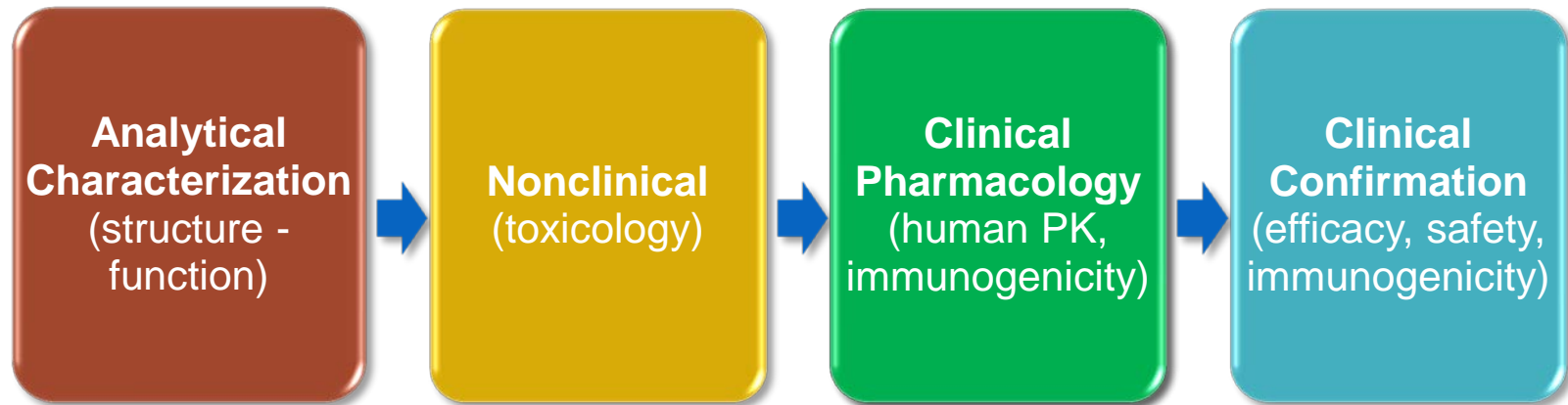


Similar toxicology findings between treatment groups

Toxicity findings were limited to the expected effects on the immune system:

- Decreased B cells in the follicular germinal centers of spleen, tonsil, and lymph nodes

Nonclinical Data Supports Biosimilarity



- **ABP 501 and adalimumab had similar toxicokinetics**
- **ABP 501 and adalimumab both induced the expected lymphoid changes in cynomolgus monkey studies**

Agenda

Introduction

Richard Markus, MD, PhD
Global Development, Amgen

Analytical and Nonclinical Similarity

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Clinical Similarity and Extrapolation to All Indications

Richard Markus, MD, PhD
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Conclusion

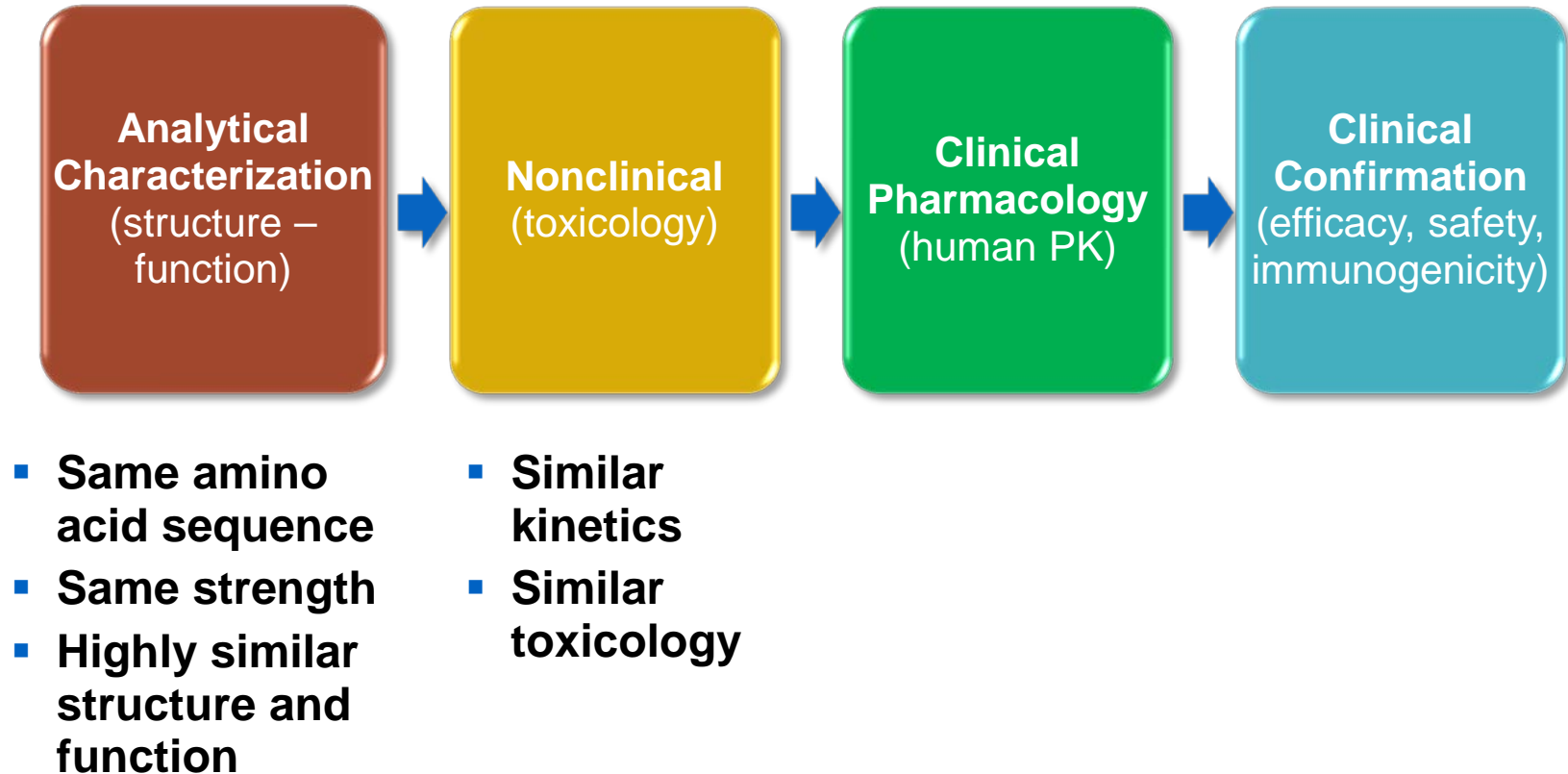
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ABP 501 Clinical Similarity

Richard Markus, MD, PhD

Global Development, Amgen

Clinical Pharmacology is Next in Stepwise Development



Clinical Studies

Subject Population	Type of Study	Number of Subjects	Study Duration	Primary Endpoint
Healthy subjects	PK similarity	203 randomized	Single dose	AUC _{inf} and C _{max}
Rheumatoid arthritis	Efficacy, Safety, Immunogenicity	526 randomized	26 weeks	ACR20 at week 24
	Long-term Extension Study	467 enrolled	72 weeks	Safety, ACR20, DAS28-CRP
Plaque psoriasis	Efficacy, Safety, Immunogenicity	350 randomized	52 weeks	PASI % improvement from baseline at week 16

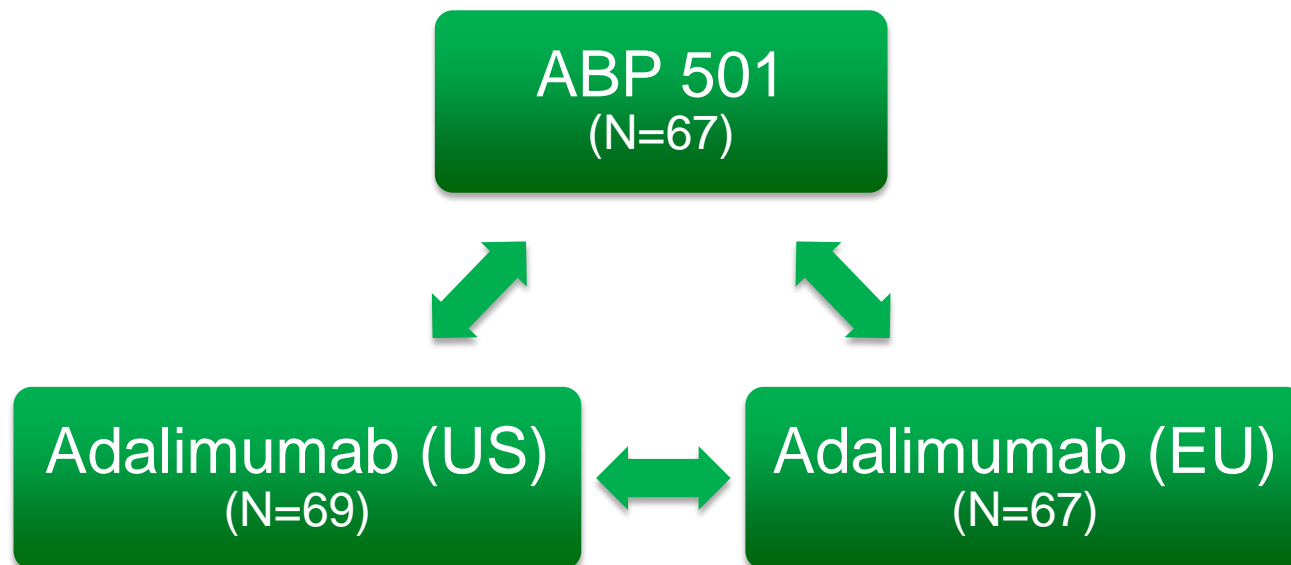
Clinical Pharmacology – PK Similarity

Design:

- Healthy subjects
- Single 40 mg subcutaneous dose
- 63 days follow-up

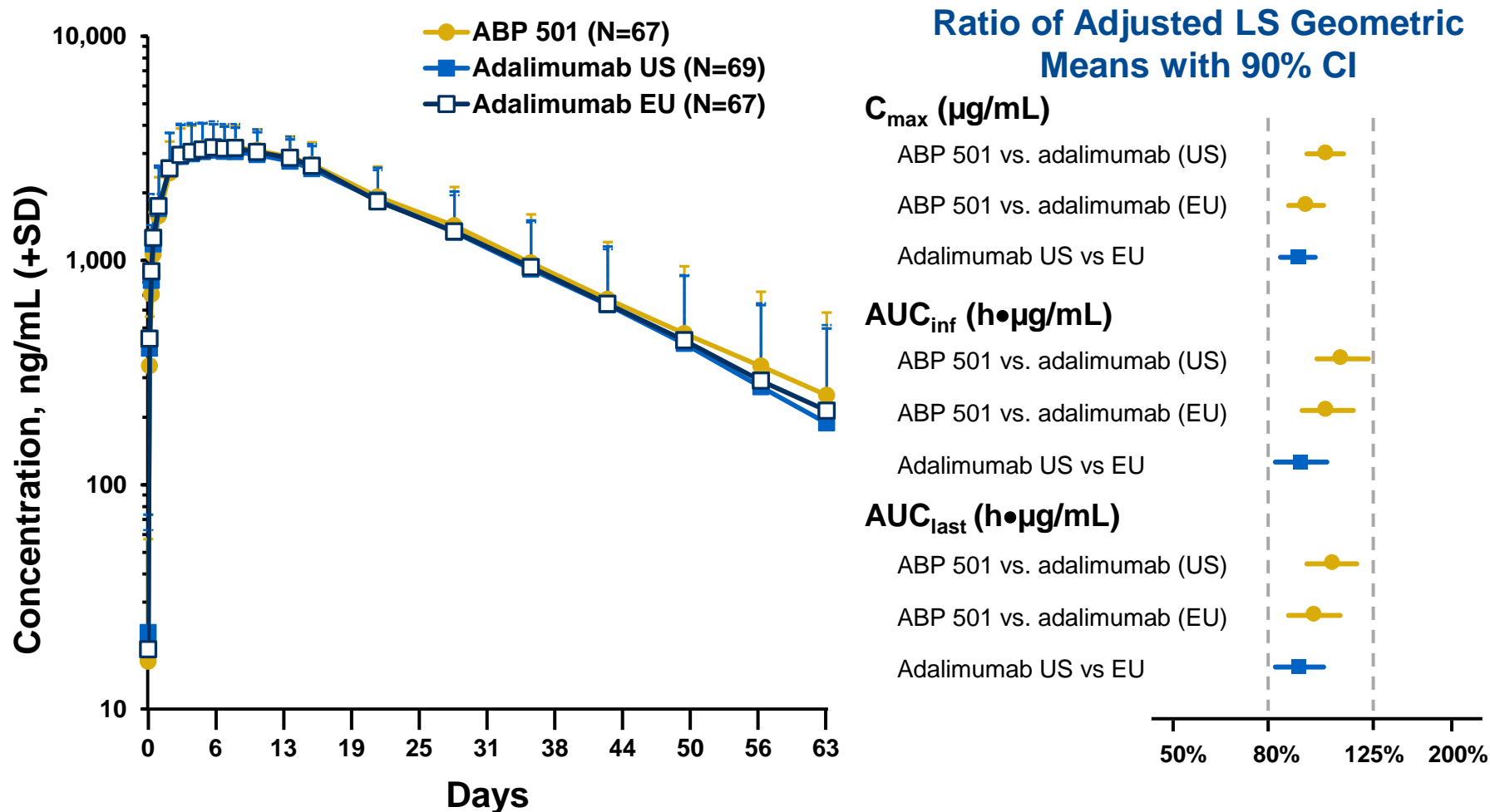
Endpoints:

- C_{\max} , AUC_{\inf} , AUC_{last}
(Margin 80-125%)
- Safety
- Immunogenicity



ABP 501 Pharmacokinetic Similarity with Adalimumab

CD-5



- All assessments met the predefined equivalence criteria with 90% CI within 80-125%

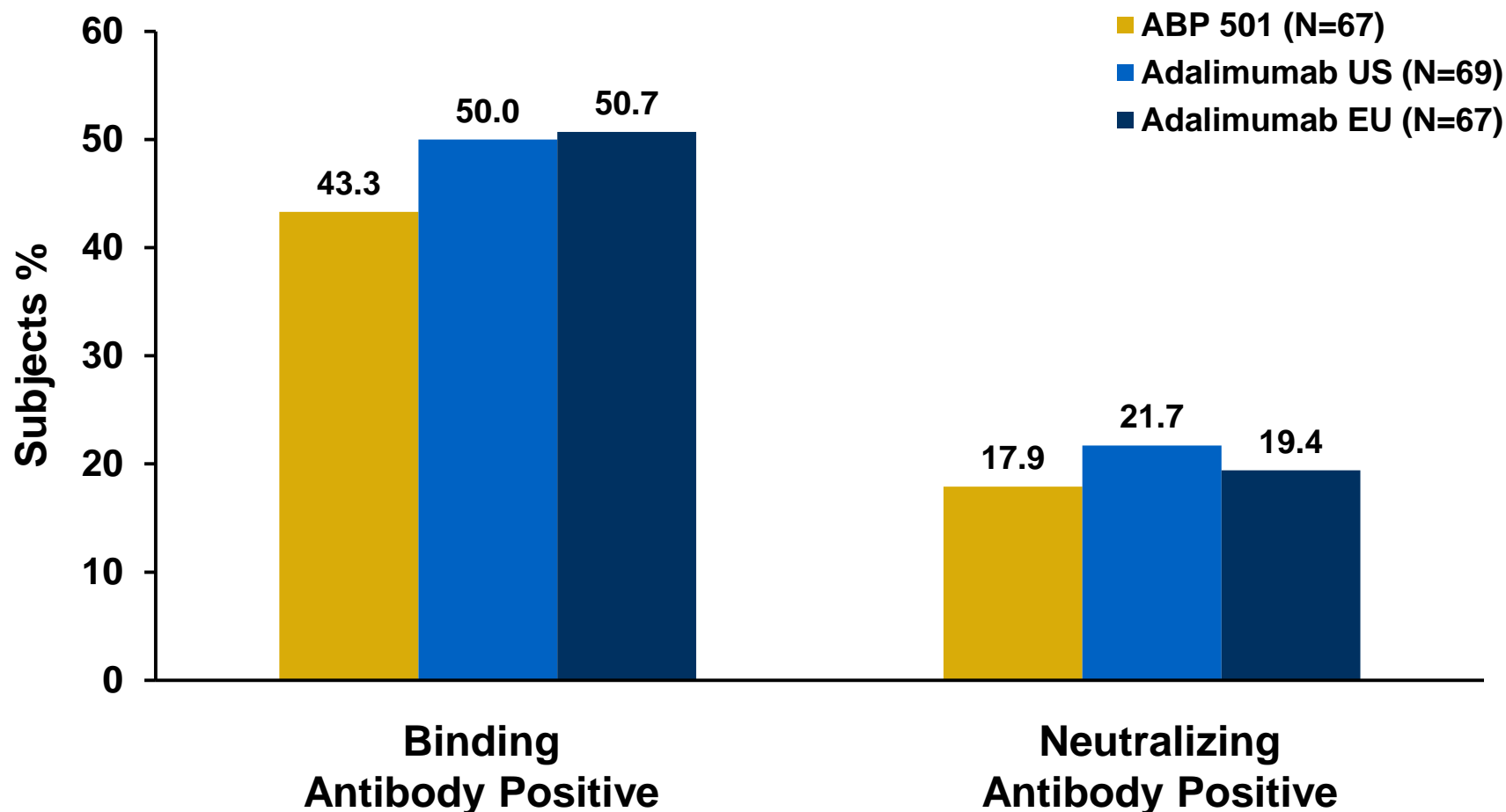
PK Study: Treatment-emergent Adverse Events Reported in >5% of Subjects in Any Treatment Group

Preferred Term	ABP 501 N=67 n (%)	Adalimumab (US) N=69 n (%)	Adalimumab (EU) N=67 n (%)
Headache	19 (28.4)	16 (23.2)	13 (19.4)
Oropharyngeal pain	6 (9.0)	6 (8.7)	3 (4.5)
Sinus congestion	6 (9.0)	6 (8.7)	0
Nasopharyngitis	4 (6.0)	0	7 (10.4)
Nausea	5 (7.5)	2 (2.9)	4 (6.0)
Diarrhea	1 (1.5)	1 (1.4)	8 (11.9)
Vomiting	1 (1.5)	2 (2.9)	5 (7.5)
Back pain	1 (1.5)	1 (1.4)	5 (7.5)
Dizziness	1 (1.5)	1 (1.4)	4 (6.0)
Dysmenorrhea	1 (1.5)	4 (5.8)	1 (1.5)
Nasal congestion	1 (1.5)	4 (5.8)	0

- 1 SAE reported: Ruptured dermoid cyst in subject receiving adalimumab (EU)

PK Study: Similar Rates of Anti-drug Antibodies

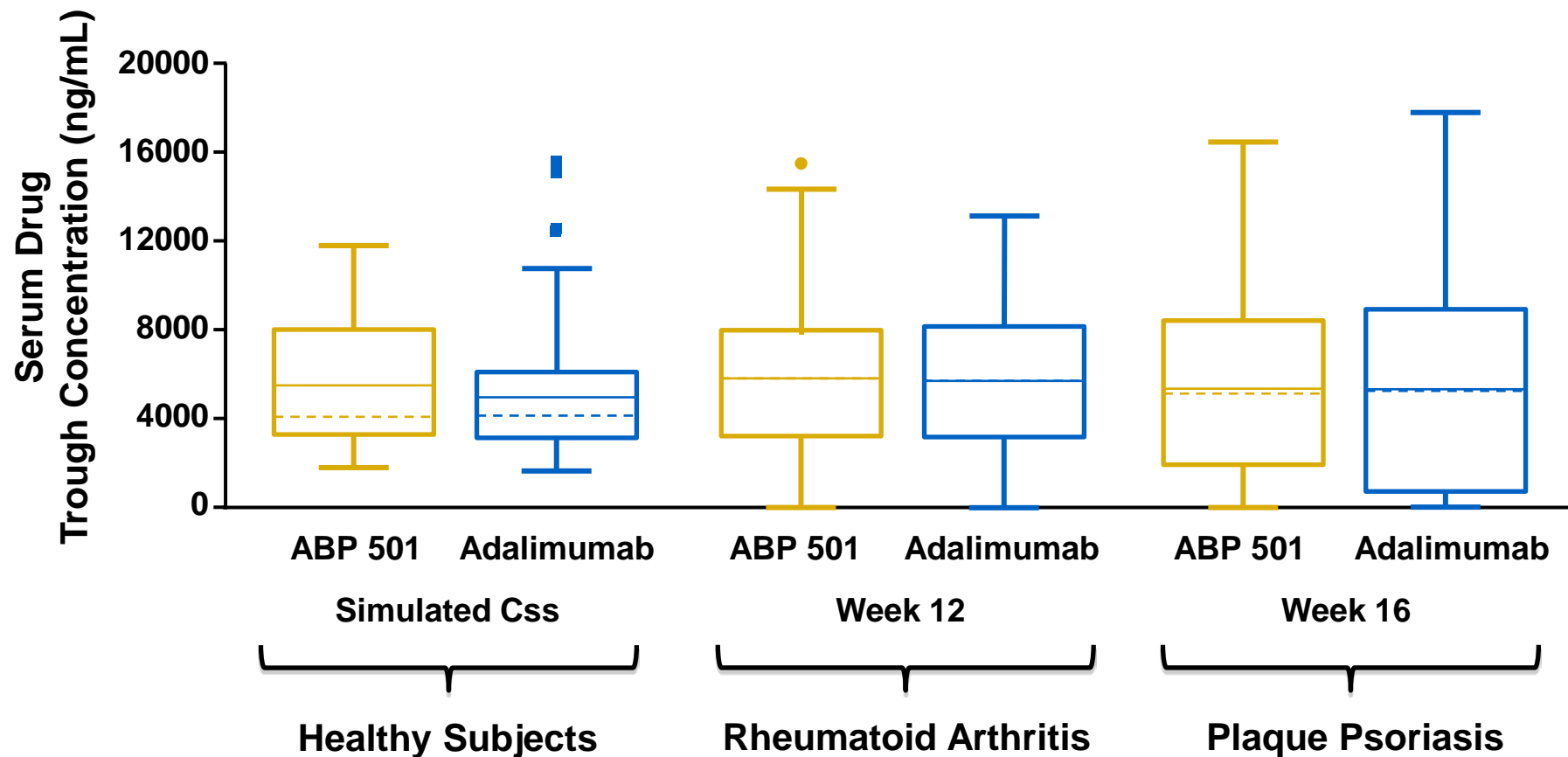
CD-7



Subjects with binding or neutralizing anti-drug antibodies at end of study.

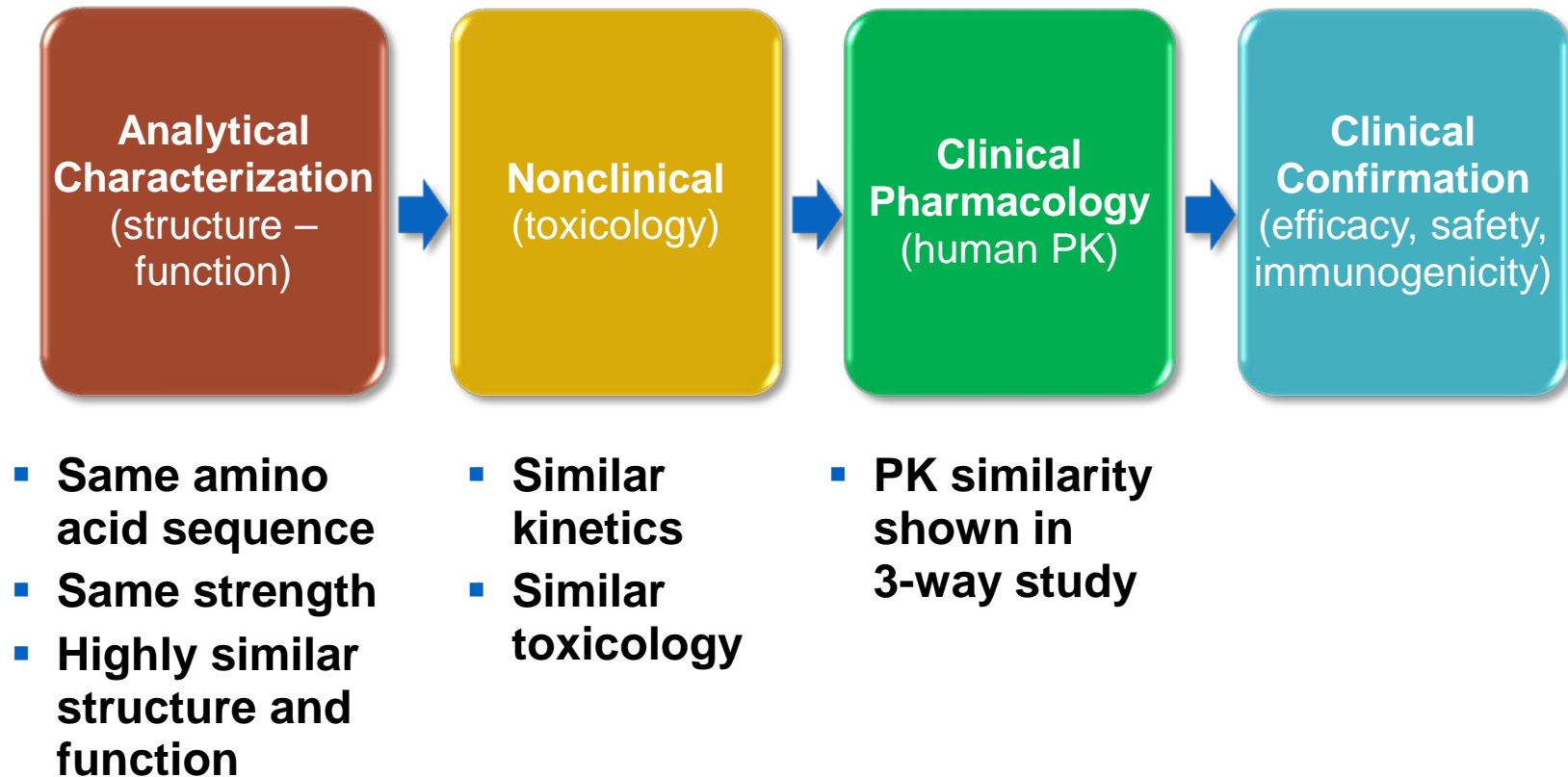
Pharmacokinetics Similar in 3 Populations

CD-8



C_{ss} = steady-state concentration.

Clinical Confirmation is Next in Stepwise Development



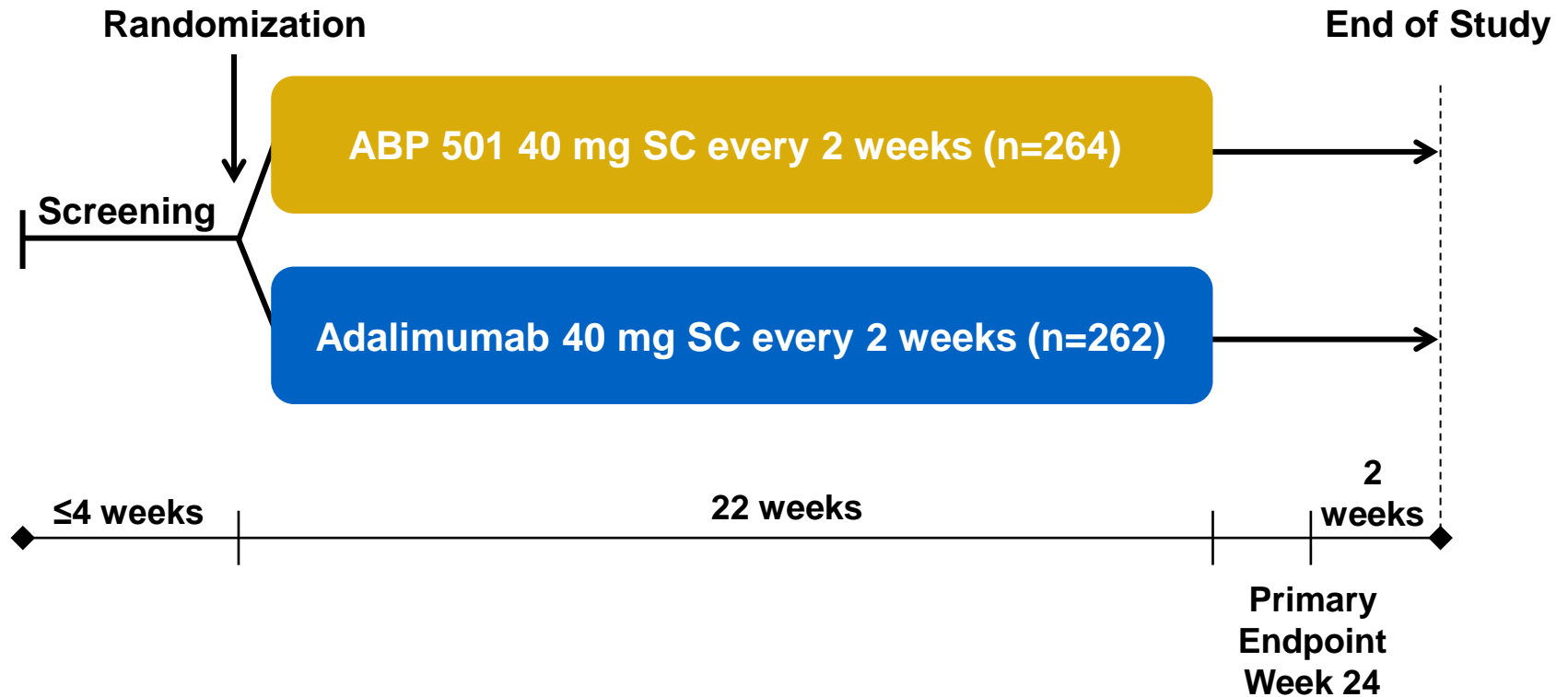
Clinical Outline

- **RA Efficacy**
- **Psoriasis Efficacy**
- **Safety**
- **Immunogenicity**

Rheumatoid Arthritis Study Efficacy

Rheumatoid Arthritis Study Design

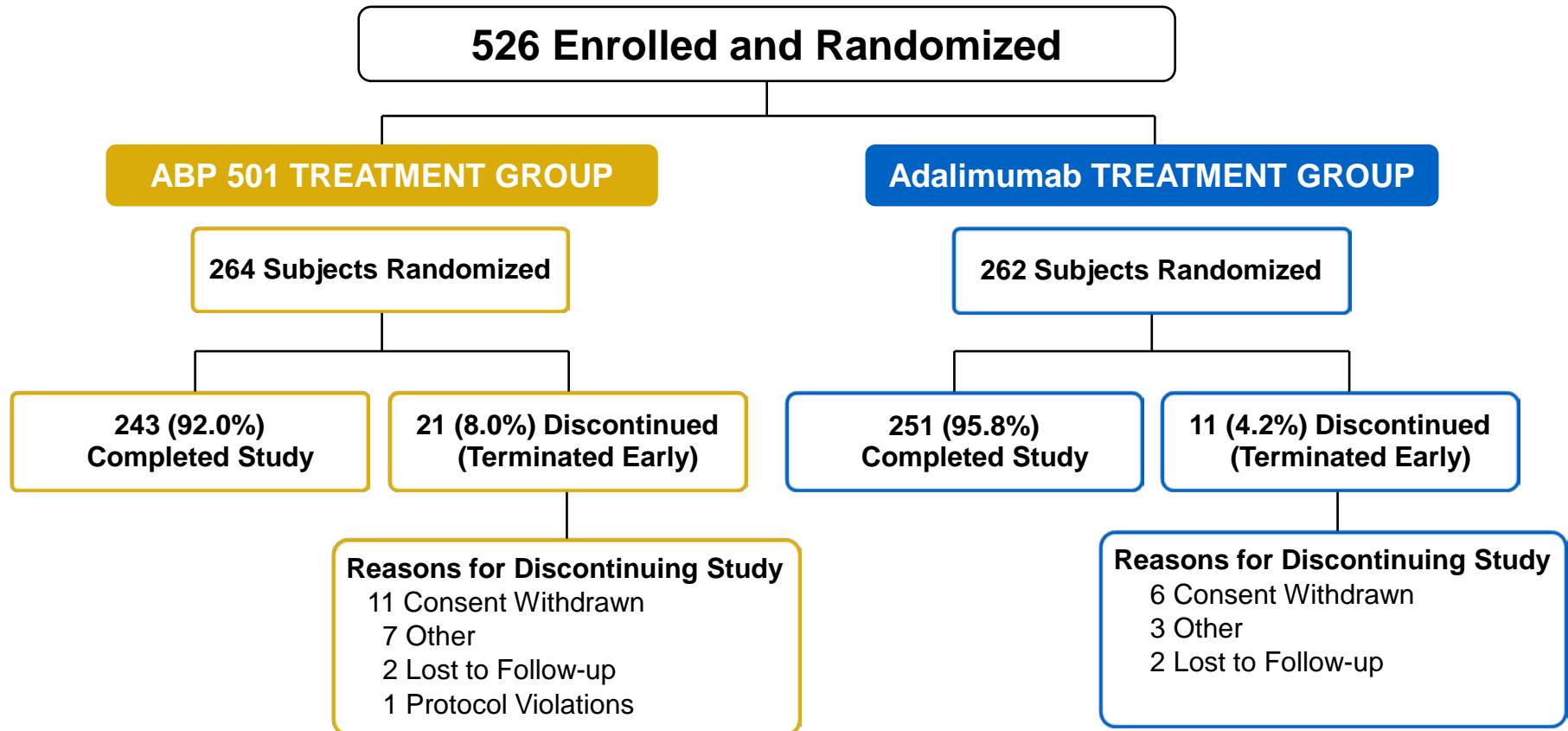
Randomized, Double-blind



RA Study: Primary Analysis

- **Ratio of ACR20 at Week 24**
- **Pre-specified margin followed FDA guidance for non-inferiority studies**
 - Determined effect size (ACR20 responses) based on adalimumab historical studies
 - Equivalence margin = (0.738, 1.355)
 - » Confidence interval must be entirely within equivalence margin
- **Post hoc analysis (FDA recommendation)**
 - Risk difference of ACR20 within (-12%, 12%)
 - Observed difference of <5% to confirm equivalence

RA Study: Subject Disposition



RA Study: Baseline Disease Characteristics

CD-15

	ABP 501 N=264	Adalimumab N=262
DAS28-CRP, mean (SD)	5.66 (0.92)	5.68 (0.91)
CRP, mg/L, mean (SD)	13.9 (20.7)	14.7 (19.4)
Swollen joint count, mean (SD)	14.7 (9.05)	14.1 (7.98)
Tender joint count, mean (SD)	24.3 (14.4)	23.9 (13.5)
Subject global health assessment, 0-10 scale, mean (SD)	6.5 (1.92)	6.6 (1.86)
Investigator global health assessment, 0-10 scale, mean (SD)	6.8 (1.29)	6.7 (1.59)
Subject assessment of disease related pain, 100 mm VAS, mean (SD)	58.3 (21.8)	60.6 (22.4)
HAQ-DI, mean (SD)	1.48 (0.62)	1.50 (0.65)
Duration of RA, years, mean (SD)	9.41 (8.08)	9.37 (8.05)
Rheumatoid factor status positive, n (%)	243 (92.0)	240 (91.6)
Anti-cyclic citrullinated peptide status positive, n (%)	212 (80.3)	230 (87.8)
Prior biological use for RA, n (%)	71 (26.9)	74 (28.2)
Use of oral corticosteroid, n (%)	134 (50.8)	130 (49.6)
Use of NSAID, n (%)	159 (60.2)	168 (64.1)
Baseline methotrexate dose, mg/week, mean (SD)	16.9 (4.81)	16.6 (4.93)

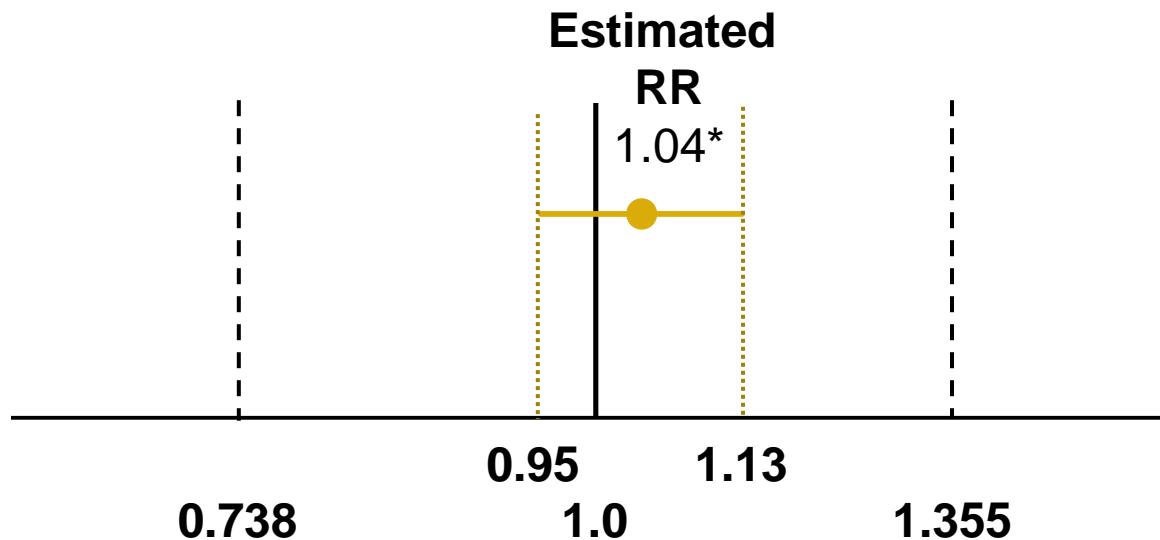
HAQ-DI = health disease assessment questionnaire disability index (range 0-3).

RA Primary Endpoint: Risk Ratio (RR) of ACR20 at Week 24

ABP 501 ACR20 Response Rate: 74.6%

Adalimumab ACR20 Response Rate: 72.4%

Risk Ratio (adjusted*): 1.04 (0.95, 1.13)



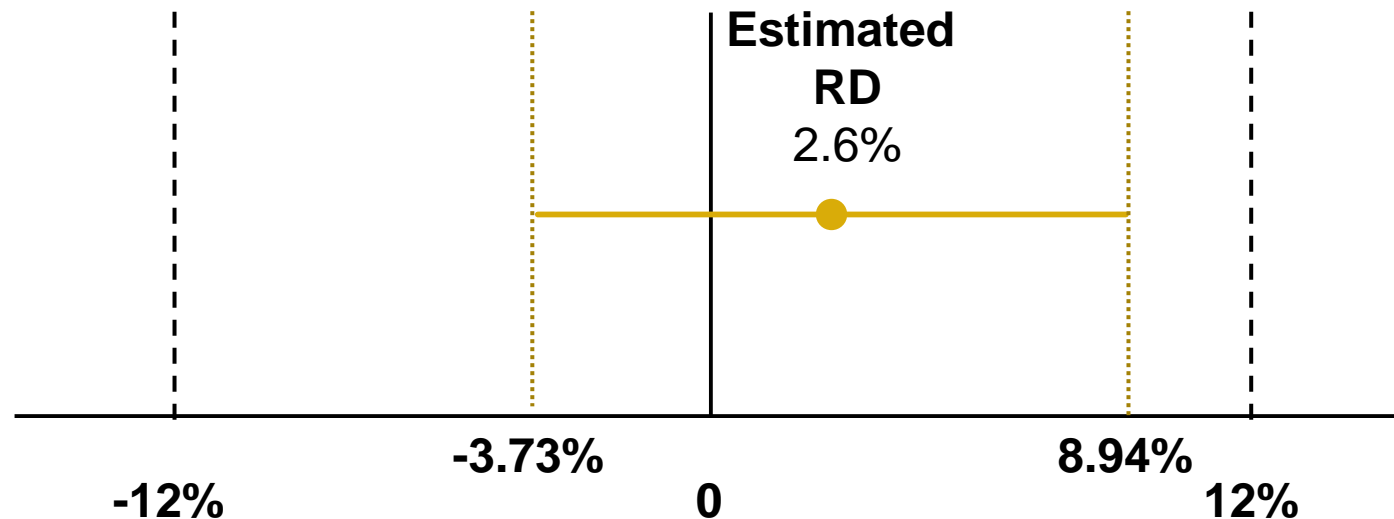
*ACR20 risk ratio and its confidence interval were estimated with a statistical model adjusted for covariates.
Full analysis set with LOCF.

RA Secondary Endpoint: Risk Difference (RD) of ACR20 at Week 24

ABP 501 ACR20 Response Rate: 74.6%

Adalimumab ACR20 Response Rate: 72.4%

Risk Difference (adjusted*): 2.6% (-3.73%, 8.94%)



*ACR20 risk difference and its confidence interval were estimated with a statistical model adjusted for covariates. Full analysis set with LOCF.

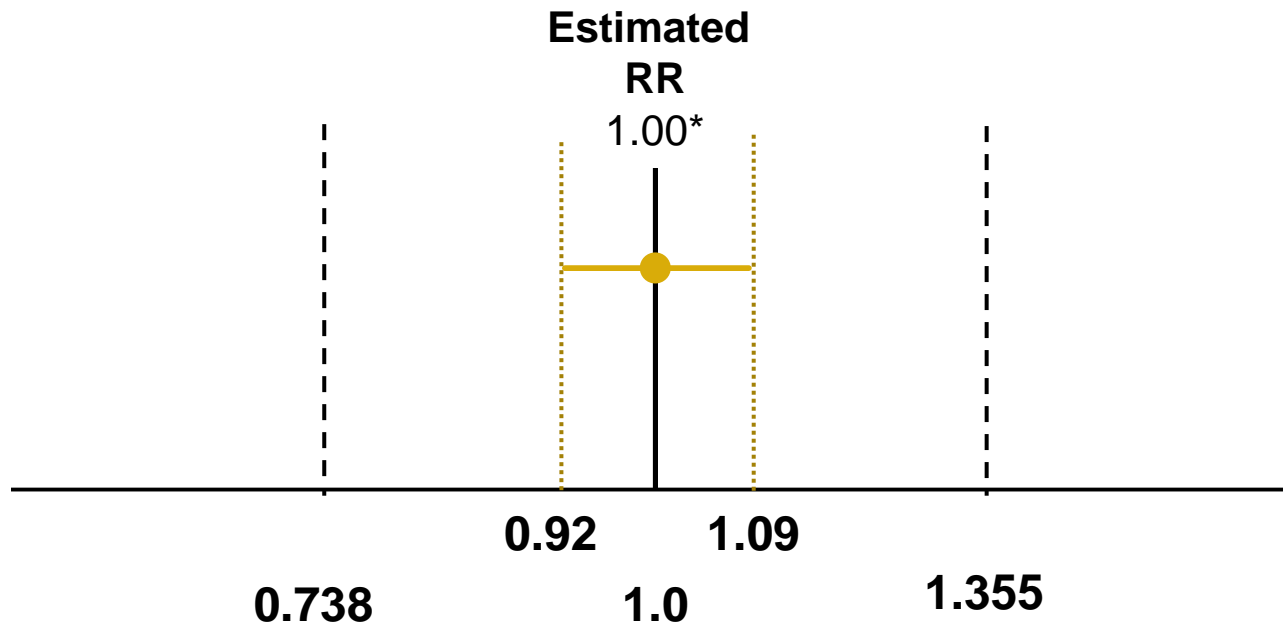
RA Sensitivity Analysis: Non-responder Imputation of ACR20 at Week 24

CD-18

ABP 501 ACR20 Response Rate: 71.2%

Adalimumab ACR20 Response Rate: 72.1%

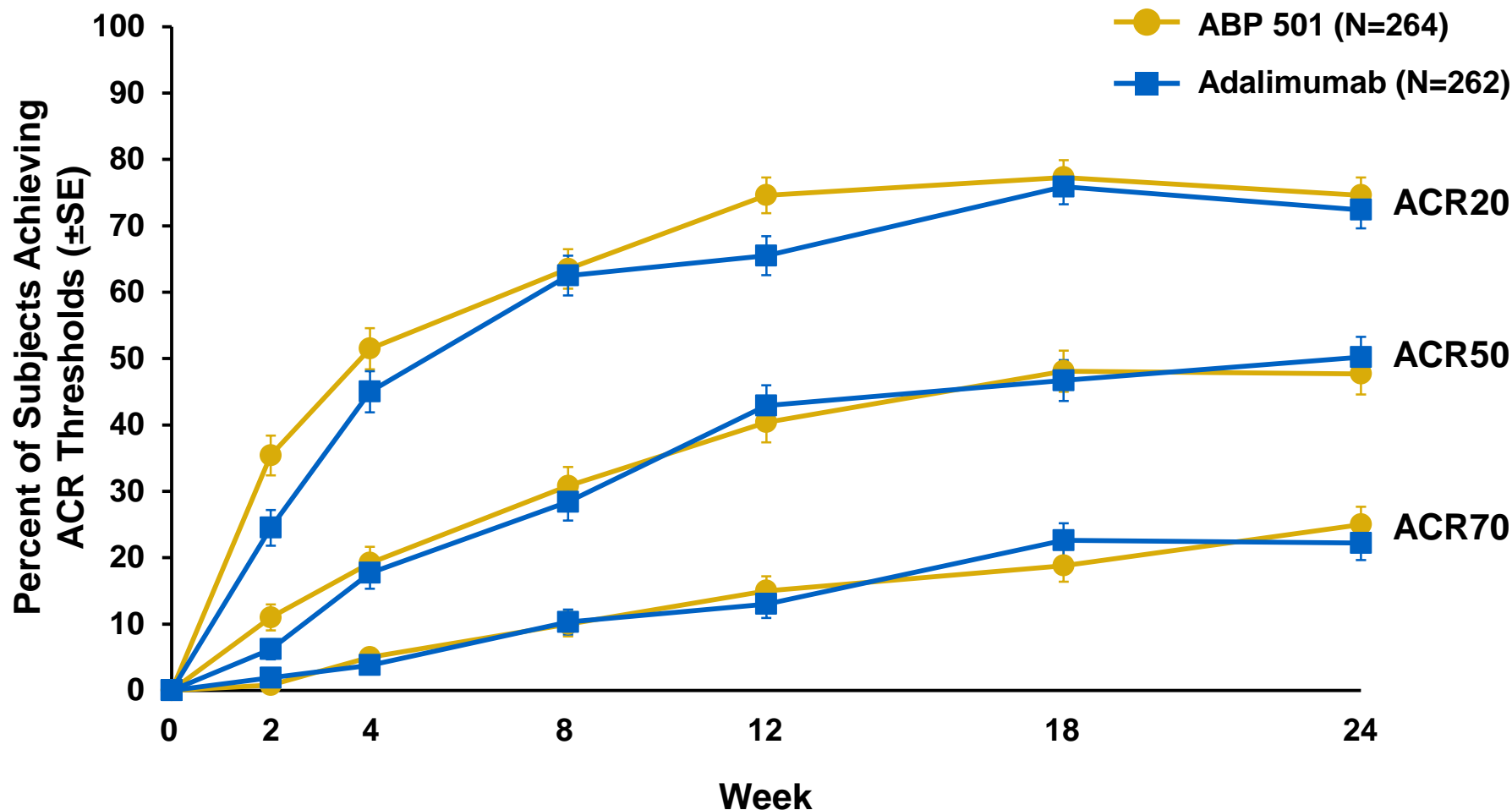
Risk Ratio (adjusted*): 1.00 (0.92, 1.09)



*ACR20 risk ratio and its confidence interval were estimated with a statistical model adjusted for covariates.

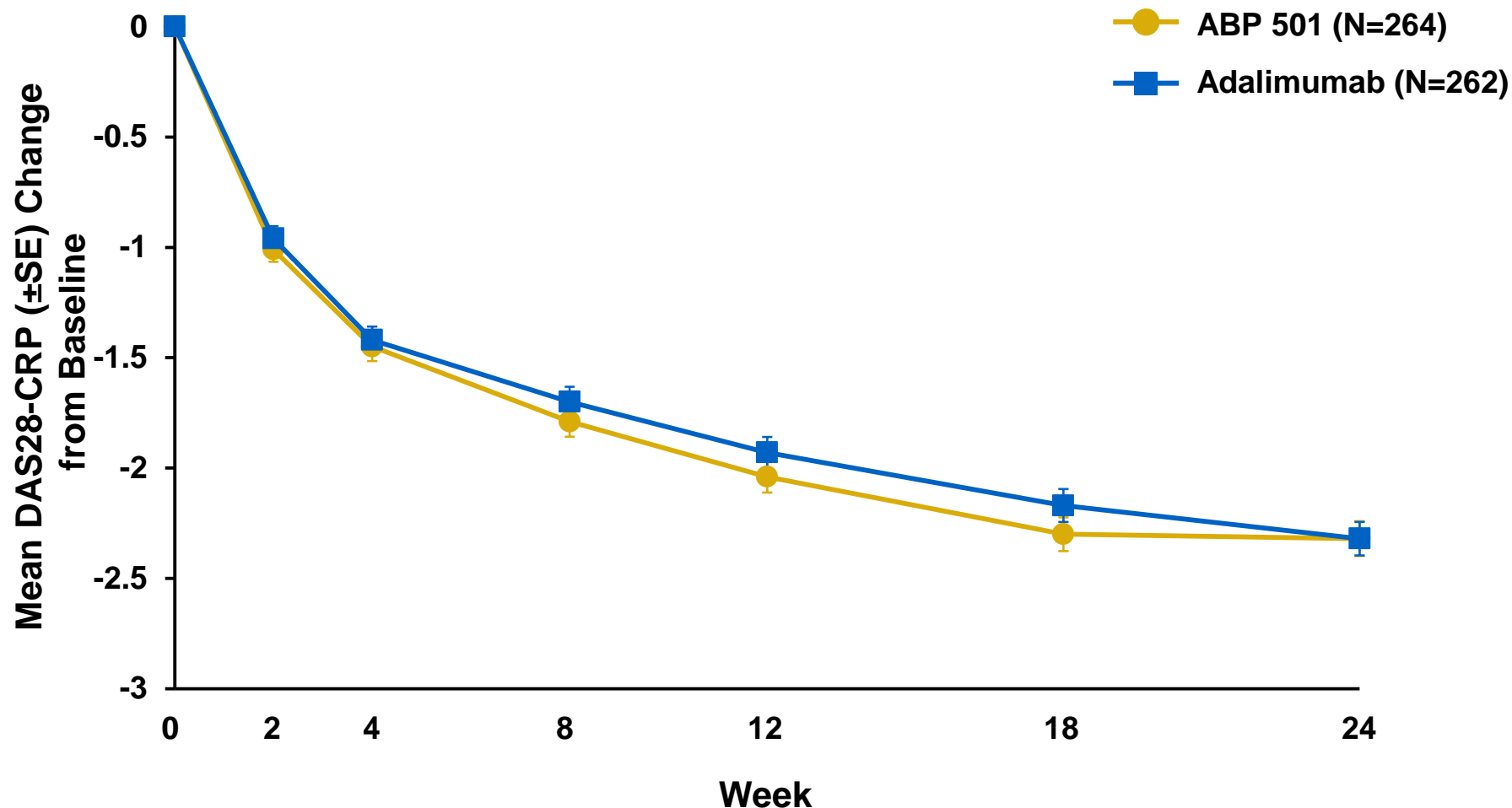
RA Study: Percent of Subjects Achieving ACR Thresholds

CD-19



RA Study: DAS28-CRP Change From Baseline

CD-20

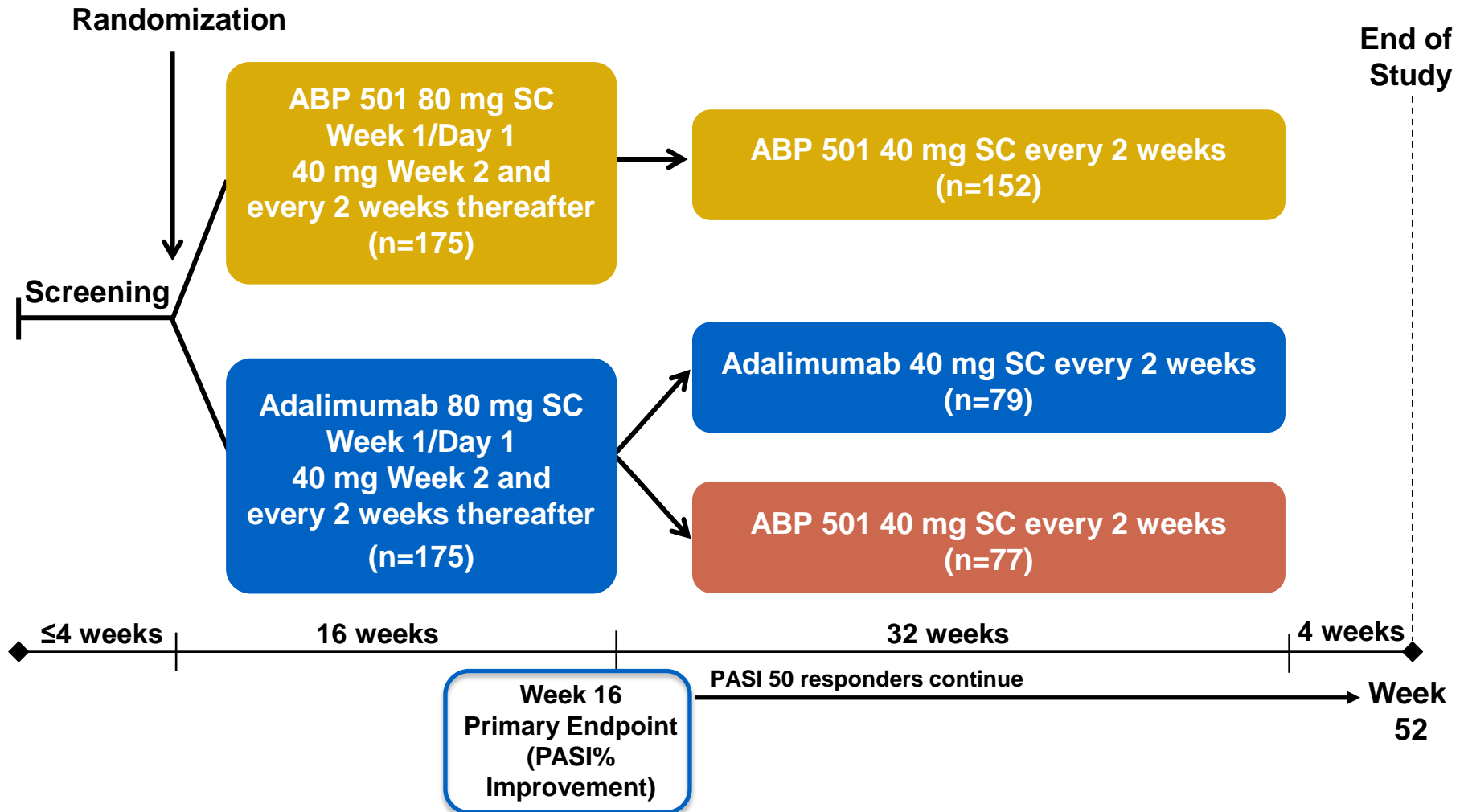


Full analysis set, as observed.

Psoriasis Study Efficacy

Plaque Psoriasis Study Design

Randomized, Double-blind



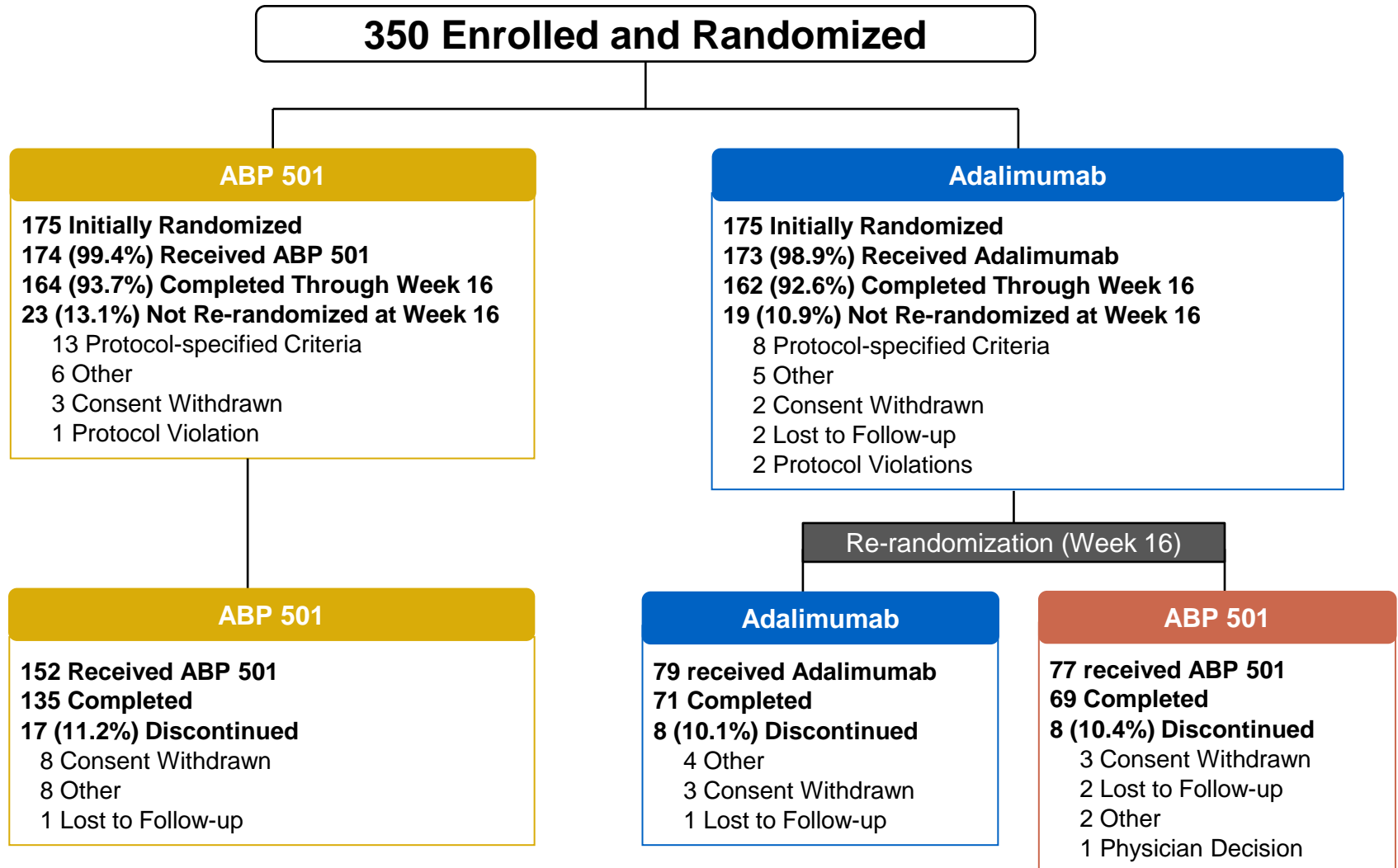
Psoriasis Study: Primary Endpoint

- **Primary endpoint: PASI percent improvement from baseline at Week 16**
 - Continuous measure of PASI percent improvement is most sensitive evaluation and includes full spectrum of responses
- **Additional binary PASI outcomes also assessed:**
 - PASI 50, PASI 75, PASI 90, PASI 100

Psoriasis Study: Primary Analysis

- **Followed FDA guidance for non-inferiority studies**
 - Determined effect size (PASI % improvement) based on meta analysis of published clinical studies
 - Statistical methodology set the margin at ± 29
- **We reduced the margin to ± 15 for additional clinical rigor in showing no clinically meaningful differences**
 - Confidence interval of mean difference must be entirely within the equivalence margin
 - Observed mean difference of < 8 to confirm equivalence

Psoriasis Study: Subject Disposition



Psoriasis Study: Baseline Demographics and Disease Characteristics^{CD-26}

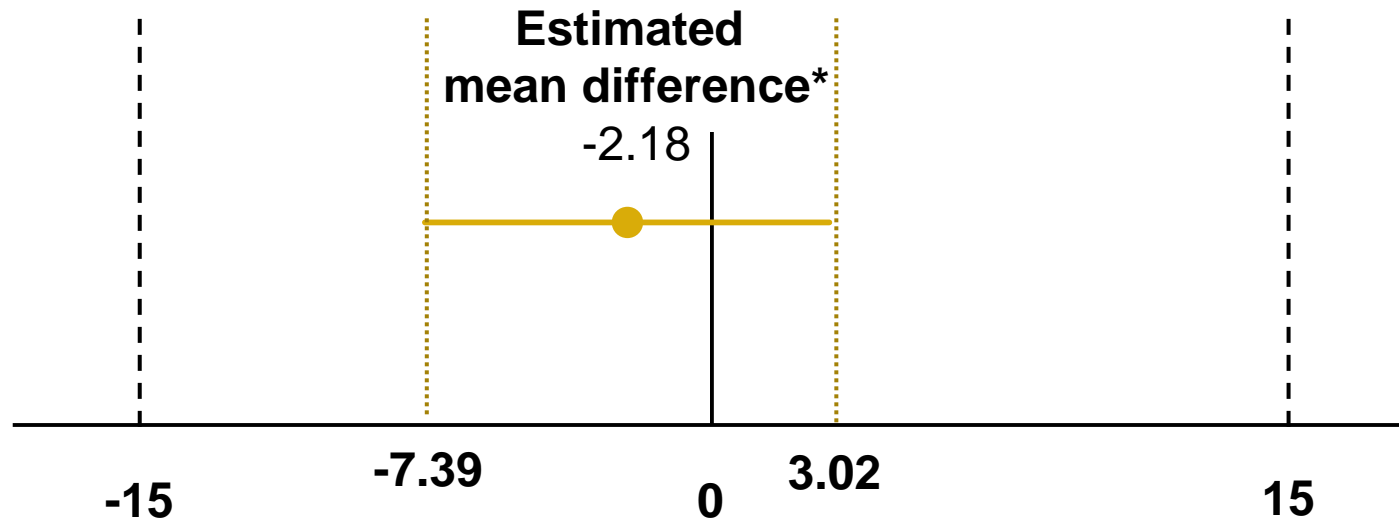
Characteristic		ABP 501 N=175	Adalimumab N=175
Sex, male, n (%)		112 (64.0)	116 (66.3)
Age, y, mean (SD)		45.1 (12.95)	44.0 (13.68)
Caucasian, n (%)		167 (95.4)	157 (89.7)
Weight, kg, mean (SD)		88.85 (23.64)	89.33 (19.39)
BMI, kg/m ² , mean (SD)		29.7 (6.57)	29.7 (5.83)
Duration of psoriasis, years, mean (SD)		19.85 (11.87)	20.34 (13.48)
Prior use of biologics for psoriasis, n (%)		33 (18.9)	30 (17.1)
Prior use of systemic or photo therapies, n (%)		128 (73.1)	135 (77.1)
BSA percent affected by psoriasis, mean (SD)		25.3 (15.02)	28.5 (16.82)
sPGA, n (%)	Moderate	106 (60.6)	102 (58.3)
	Severe	61 (34.9)	61 (34.9)
	Very severe	7 (4.0)	10 (5.7)
PASI score, mean (SD)		19.68 (8.10)	20.48 (7.88)

Psoriasis Study Primary Endpoint: PASI Percent Improvement at Week 16

ABP 501 PASI % Improvement: 80.9

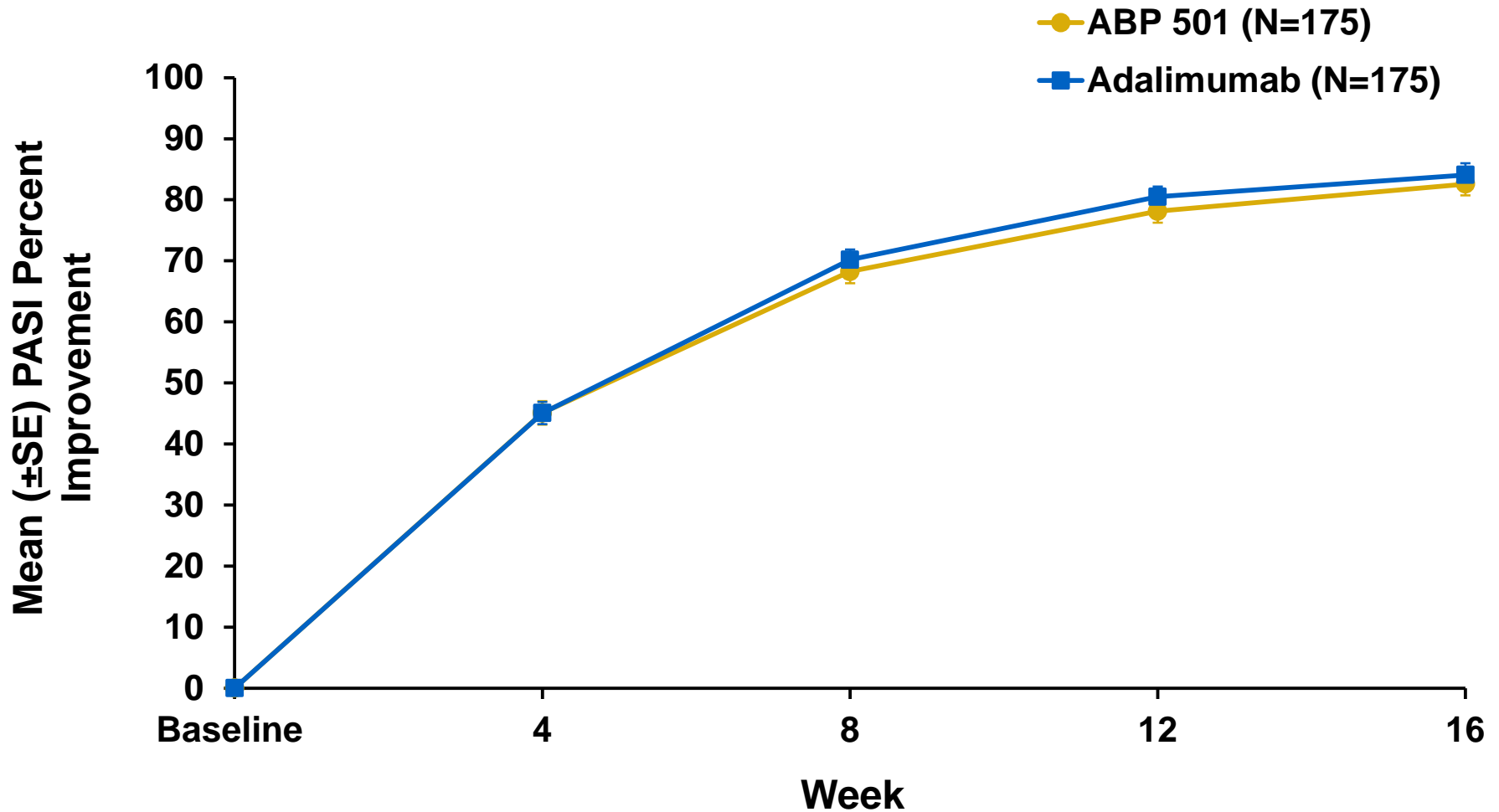
Adalimumab PASI % Improvement: 83.1

Mean Difference (adjusted*): -2.18 (-7.39, 3.02)



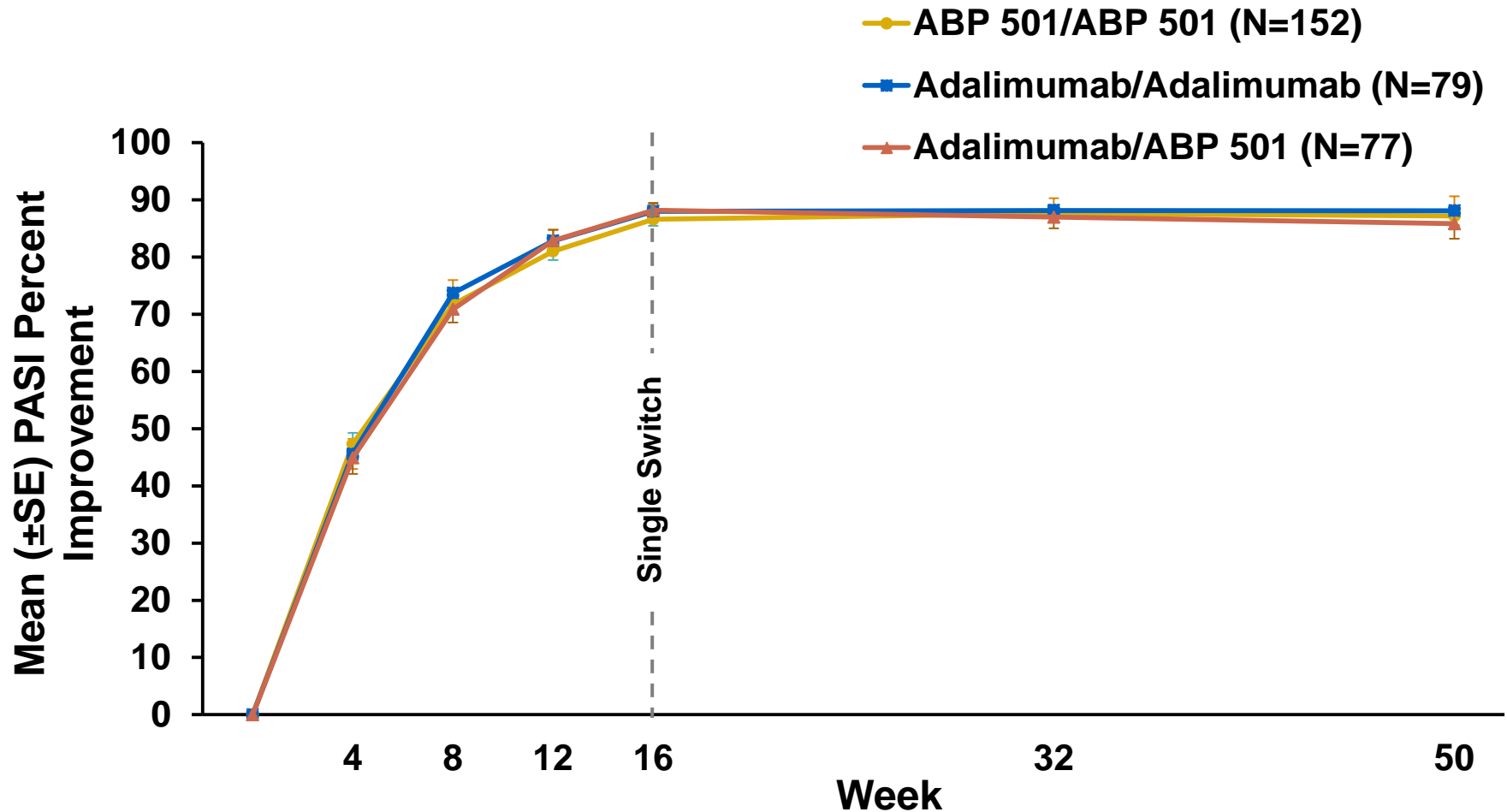
*Mean difference and CI were calculated with a statistical model adjusted for covariates.
Full analysis set, LOCF.

PASI Percent Improvement



Full analysis set, LOCF.

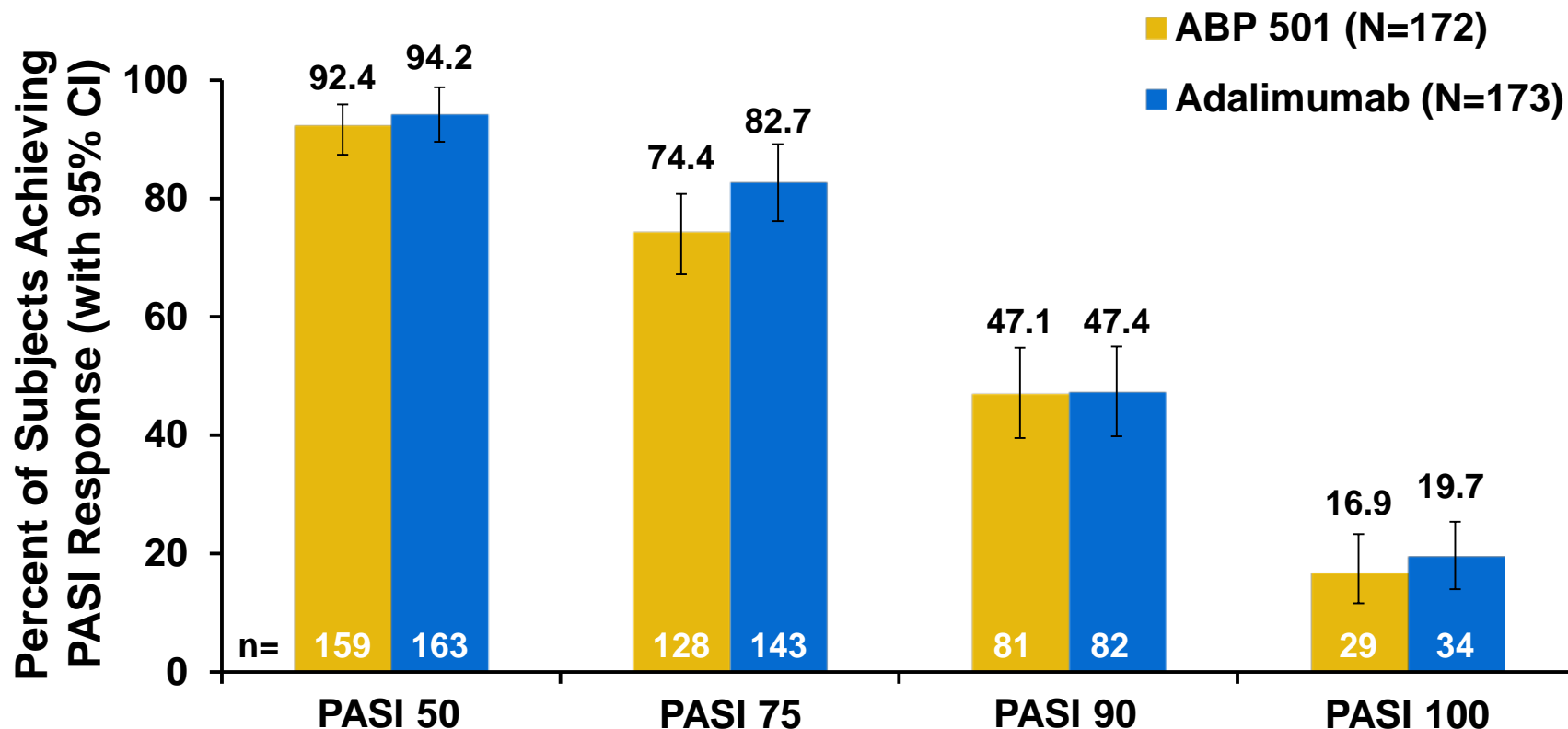
Mean PASI Percent Improvement Including Post-Switch Week 16-50



Re-randomized analysis set, as observed.

Additional PASI Assessments at Week 16

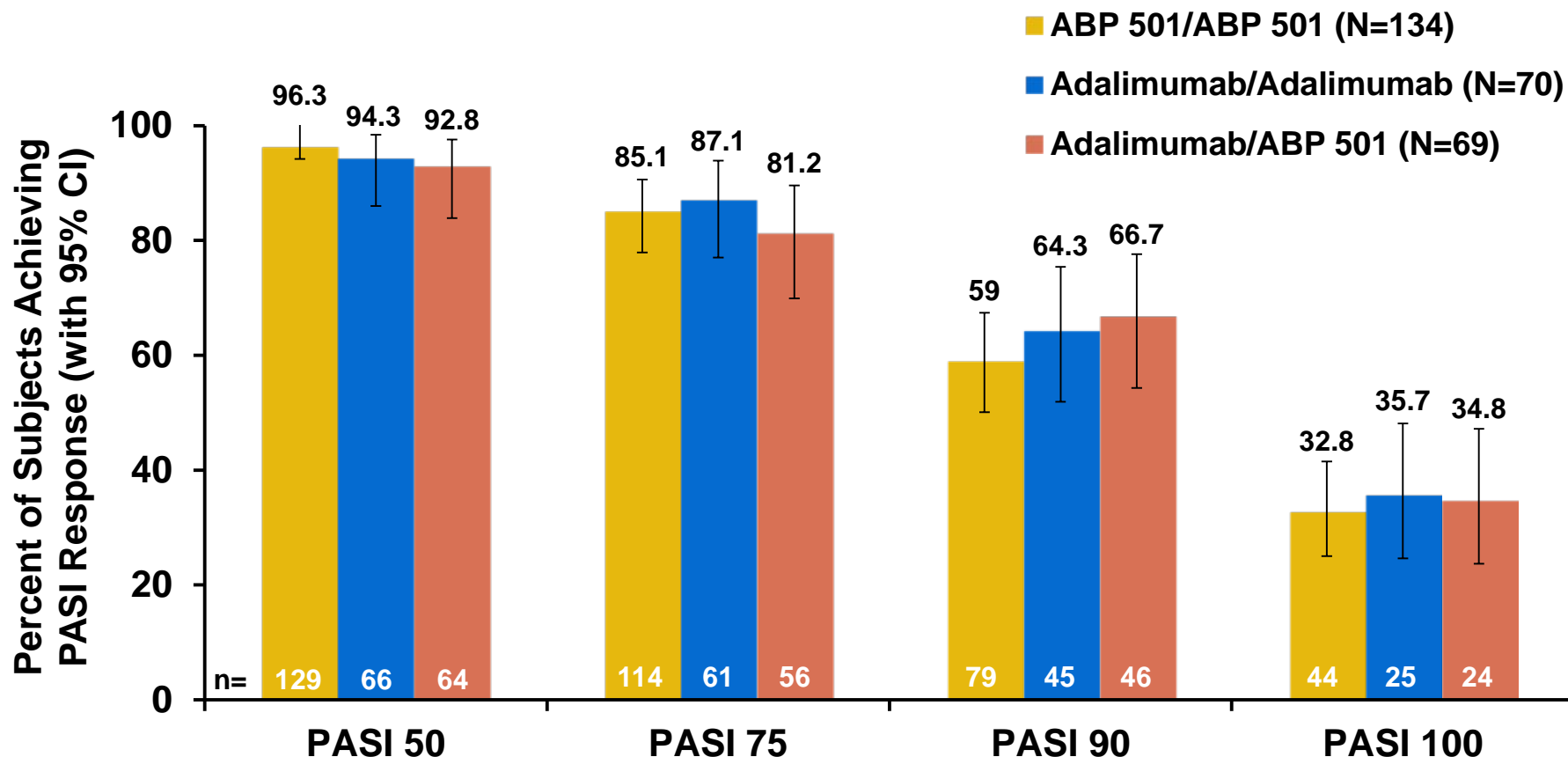
CD-30



Full analysis set, LOCF.

Additional PASI Assessments at Week 50

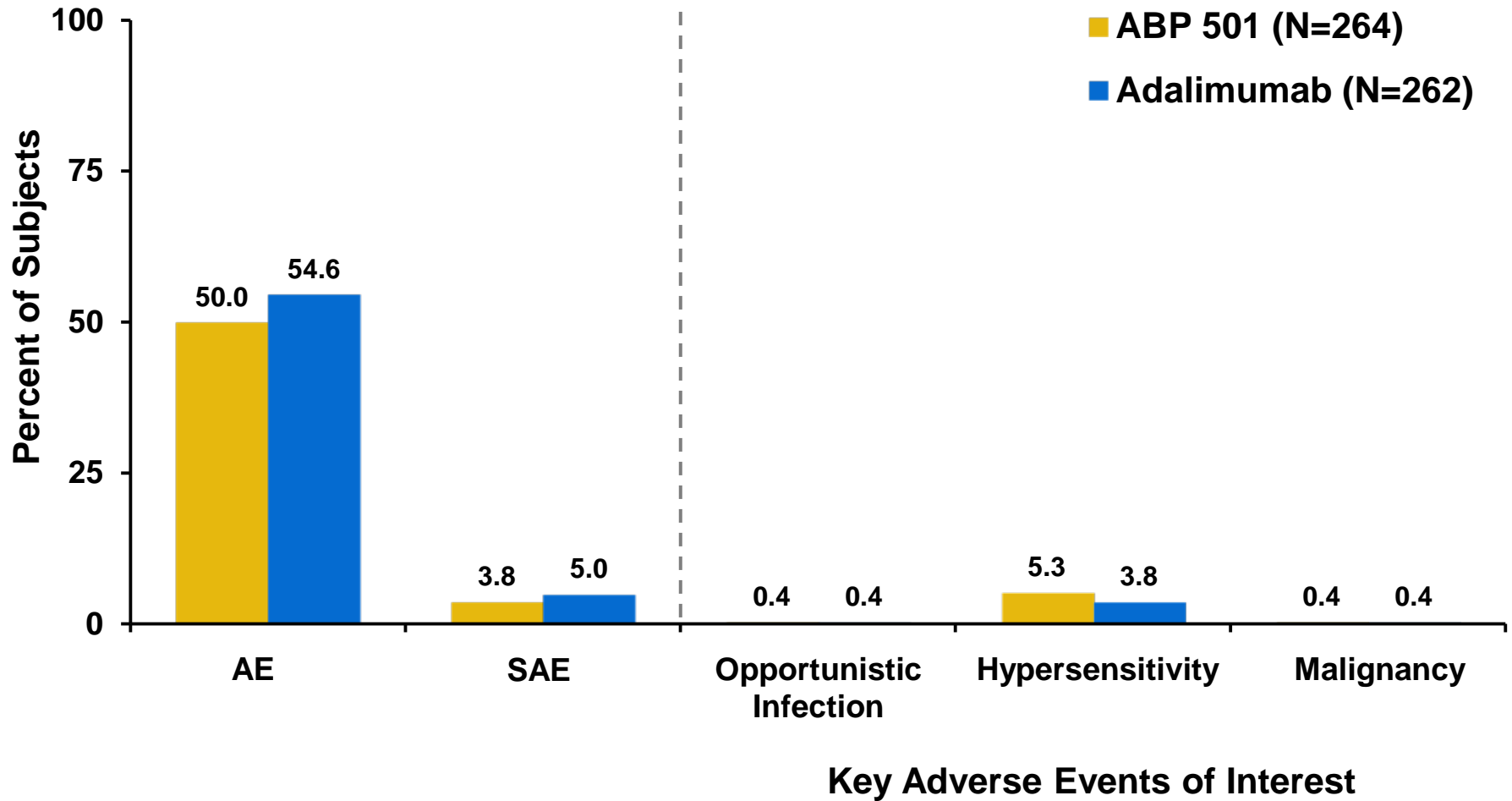
CD-31



Re-randomized analysis set, as observed.

Clinical Safety

RA Study: Summary of Adverse Events



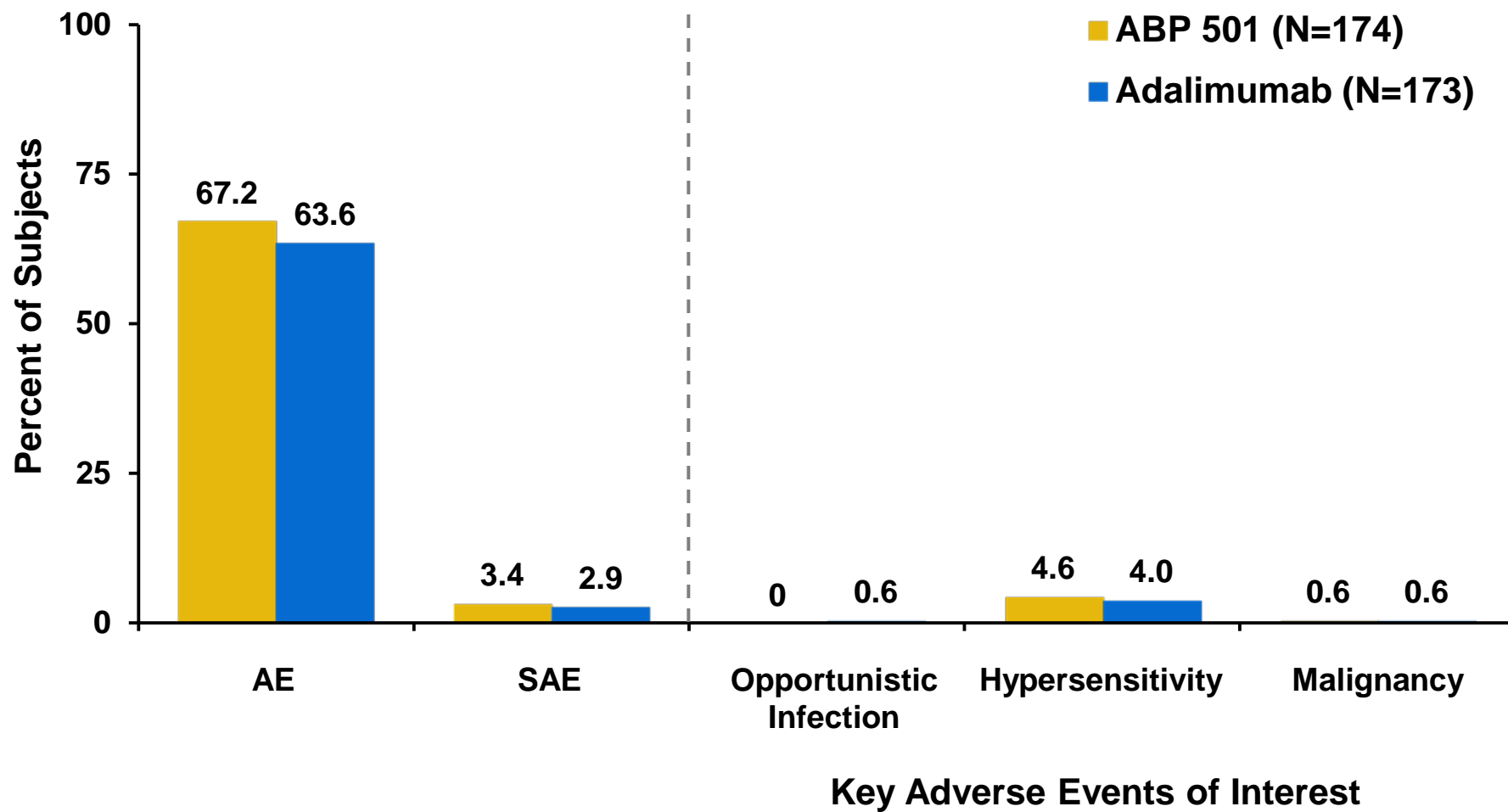
AE = Adverse events; SAE = Serious adverse events.

RA Study: Serious Adverse Events

System Organ Class, n (%)	ABP 501 N=264	Adalimumab N=262
Any Serious Adverse Event	10 (3.8)	13 (5.0)
Cardiac disorders	1 (0.4)	4 (1.5)
Infections and infestations	2 (0.8)	3 (1.1)
Injury, poisoning and procedural complications	2 (0.8)	1 (0.4)
Musculoskeletal and connective tissue disorders	0	3 (1.1)
Gastrointestinal disorders	1 (0.4)	1 (0.4)
Immune system disorders	1 (0.4)	1 (0.4)
Vascular disorders	2 (0.8)	0
Blood and lymphatic system disorders	1 (0.4)	0
Nervous system disorders	1 (0.4)	0

Psoriasis Study: Summary of Adverse Events Through Week 16

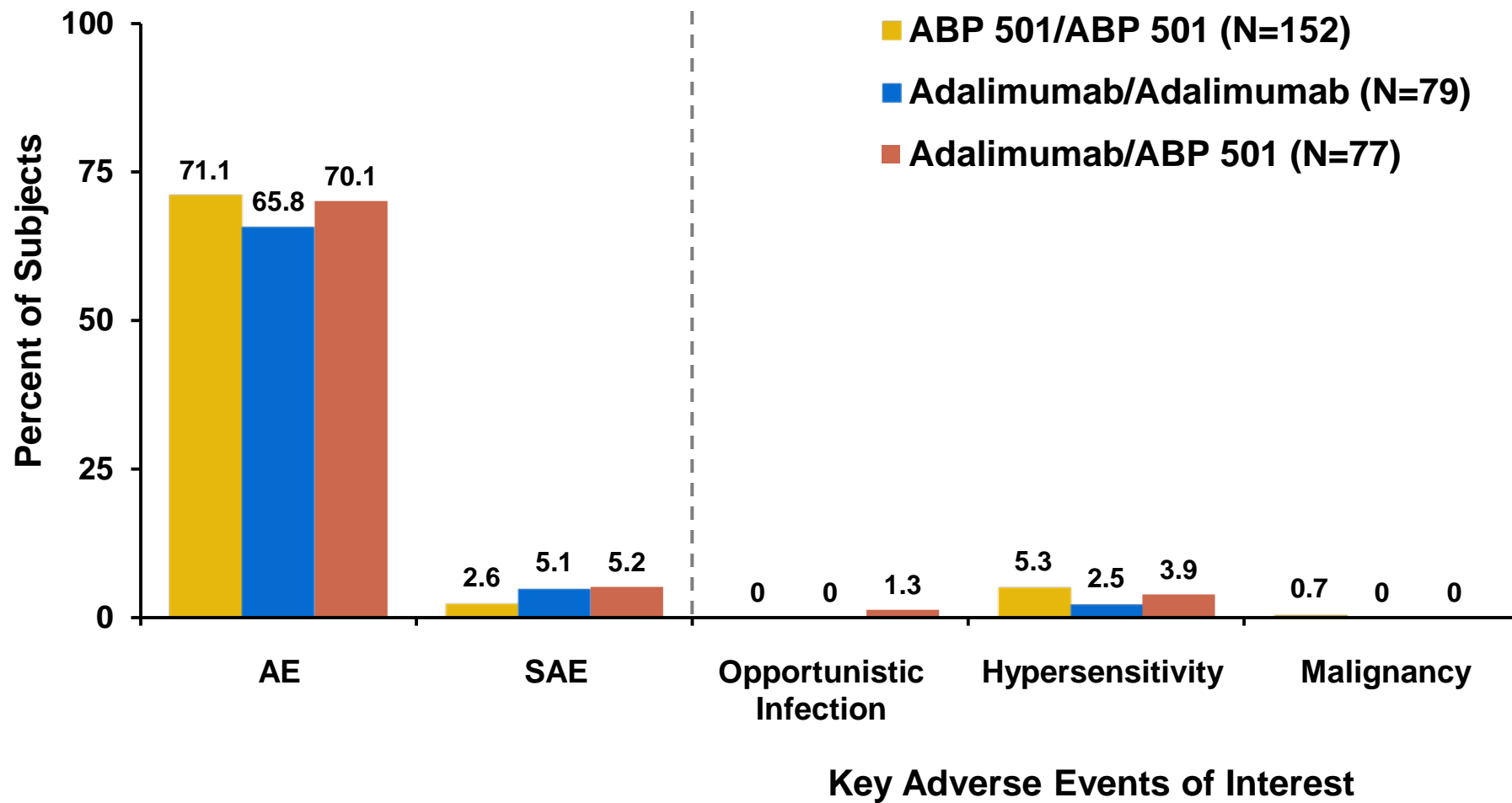
CD-35



AE = Adverse events; SAE = Serious adverse events.

Psoriasis Study: Summary of Adverse Events Weeks 16 – 52

CD-36



AE = Adverse events; SAE = Serious adverse events.

Psoriasis Study: Serious Adverse Events

CD-37

Event Category, n (%)	Through Week 16		Weeks 16 – 52		
	ABP 501 N=174	Adalimumab N=173	ABP 501/ ABP 501 N=152	Adalimumab/ Adalimumab N=79	Adalimumab/ ABP 501 N=77
Any serious adverse event	6 (3.4)	5 (2.9)	4 (2.6)	4 (5.1)	4 (5.2)
Infections and infestations	2 (1.1)	1 (0.6)	1 (0.7)	0	2 (2.6)
Cardiac disorders	2 (1.1)	0	1 (0.7)	0	0
Musculoskeletal and connective tissue disorders	0	2 (1.2)	1 (0.7)	1 (1.3)	0
Immune system disorders	1 (0.6)	0	0	0	0
Neoplasms benign, malignant and unspecified	1 (0.6)	0	0	0	0
Nervous system disorders	0	1 (0.6)	1 (0.7)	2 (2.5)	1 (1.3)
Reproductive system and breast disorders	0	1 (0.6)	0	0	1 (1.3)
Respiratory, thoracic and mediastinal disorders	1 (0.6)	0	0	0	0
Hepatobiliary disorders	0	0	1 (0.7)	0	0
Metabolism and nutritional disorders	0	0	1 (0.7)	0	0
Psychiatric disorders	0	0	0	1 (1.3)	0

RA and Psoriasis Studies: Infection

CD-38

Infection Adverse Event, n (%)	RA		Psoriasis				
			Through Week 16		Weeks 16 – 52		
	ABP 501 N=264	Adalimumab N=262	ABP 501 N=174	Adalimumab N=173	ABP 501/ ABP 501 N=152	Adalimumab/ Adalimumab N=79	Adalimumab/ ABP 501 N=77
Any infection AE	61 (23.1)	68 (26.0)	59 (33.9)	58 (33.5)	67 (44.1)	29 (36.7)	37 (48.1)
Serious infection	2 (0.8)	3 (1.1)	2 (1.1)	1 (0.6)	1 (0.7)	0	2 (2.6)
Opportunistic infection	1 (0.4)	1 (0.4)	0	1 (0.6)	0	0	1 (1.3)
Events leading to discontinuation	2 (0.8)	0	0	1 (0.6)	0	0	1 (1.3)

RA and Psoriasis Studies: Hypersensitivity

CD-39

Hypersensitivity Adverse Event, n (%)	RA		Psoriasis				
	ABP 501 N=264	Adalimumab N=262	Through Week 16		Weeks 16 – 52		
			ABP 501 N=174	Adalimumab N=173	ABP 501/ ABP 501 N=152	Adalimumab/ Adalimumab N=79	Adalimumab/ ABP 501 N=77
Any hypersensitivity AE	14 (5.3)	10 (3.8)	8 (4.6)	7 (4.0)	8 (5.3)	2 (2.5)	3 (3.9)
Serious reactions	1 (0.4)	0 (0.0)	1 (0.6)	0	0	0	0
Anaphylaxis (Sampson criteria)	0	0	1 (0.6)	0	0	0	0
Events leading to discontinuation	2 (0.8)	0	1 (0.6)	1 (0.6)	0	0	0

Psoriasis and RA Studies: Malignancy

CD-40

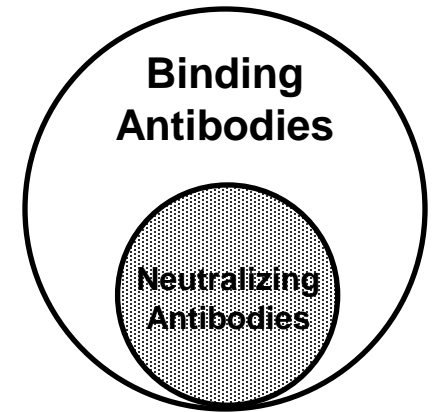
Malignancy Adverse Event, n (%)	RA		Psoriasis				
	ABP 501 N=264	Adalimumab N=262	Through Week 16		Weeks 16 – 52		
			ABP 501 N=174	Adalimumab N=173	ABP 501/ ABP 501 N=152	Adalimumab/ Adalimumab N=79	Adalimumab/ ABP 501 N=77
Any malignancy AE	1 (0.4)	1 (0.4)	1 (0.6)	1 (0.6)	1 (0.7)	0	0
NMSC (non- melanoma skin cancer)	1 (0.4)	1 (0.4)	0	1 (0.6)	1 (0.7)	0	0
Melanoma	0	0	1 (0.6)	0	0	0	0
Lymphoma	0	0	0	0	0	0	0
Serious events of malignancy	0	0	1 (0.6)	0	0	0	0
Events leading to discontinuation	0	0	1 (0.6)	0	0	0	0

Immunogenicity

Types of Anti-Drug Antibodies (ADA)

■ Binding Antibodies

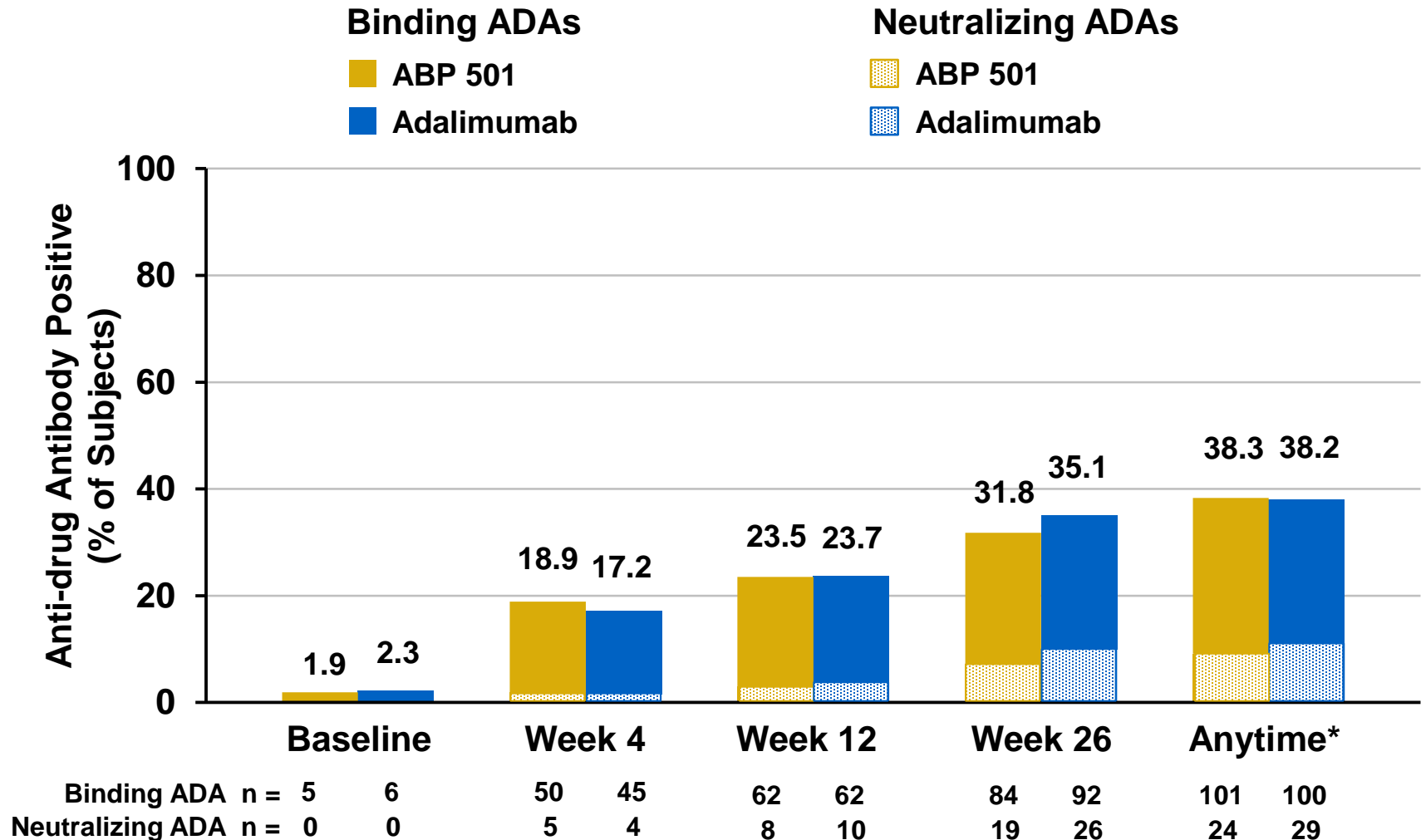
- All antibody types capable of binding drug
- May impact PK
- Do not preclude functional activity



■ Neutralizing Antibodies

- A subpopulation of binding antibodies
 - » Binding positive samples are tested for neutralizing activity
- Inhibits the functional activity of the drug

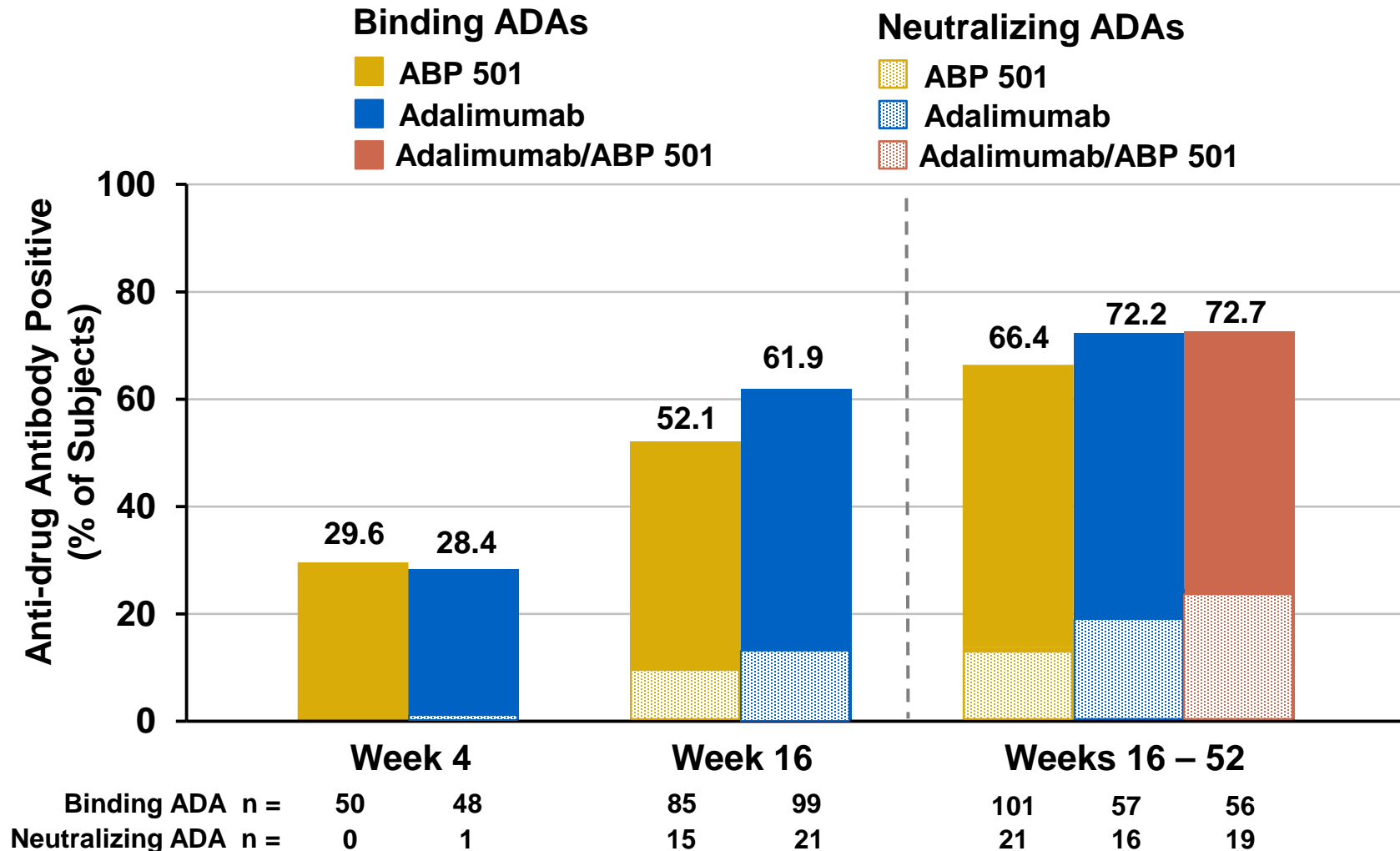
RA Study: Anti-Drug Antibodies



Randomized ABP 501 = 264 and adalimumab = 262.

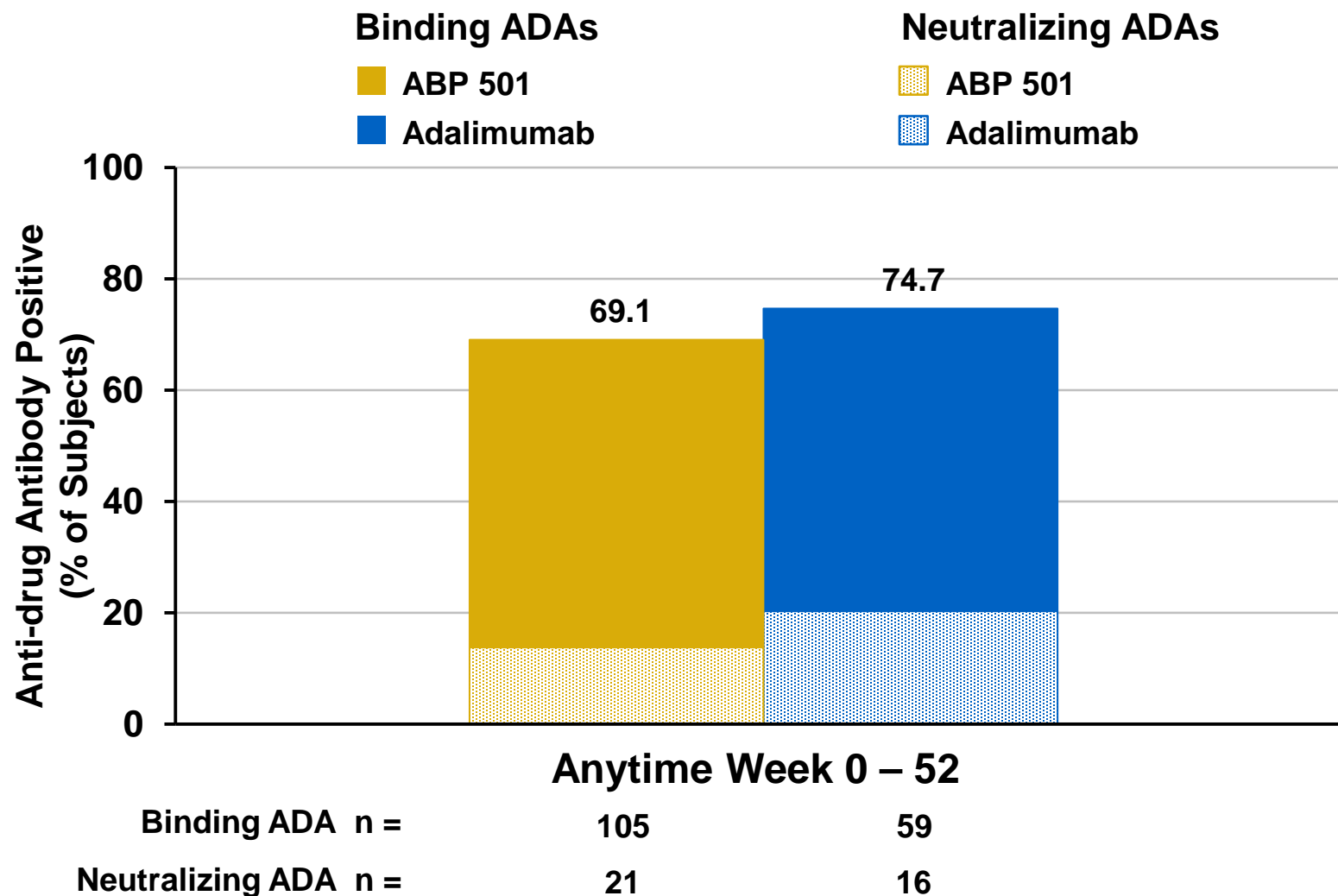
*post-baseline.

Psoriasis Study: Anti-Drug Antibodies



Randomized N: ABP 501 = 174, adalimumab = 173. Re-randomized N: ABP 501/ABP 501 = 152, Adalimumab/adalimumab = 79, Adalimumab/ABP 501 = 77.

Psoriasis Study: Anti-Drug Antibodies^{CD-45} Anytime From Week 0 – 52



Subjects re-randomized to continue ABP 501 or adalimumab throughout study.

ABP 501 Clinical Summary

- **Similar Efficacy**

- Met equivalence criteria in two indications

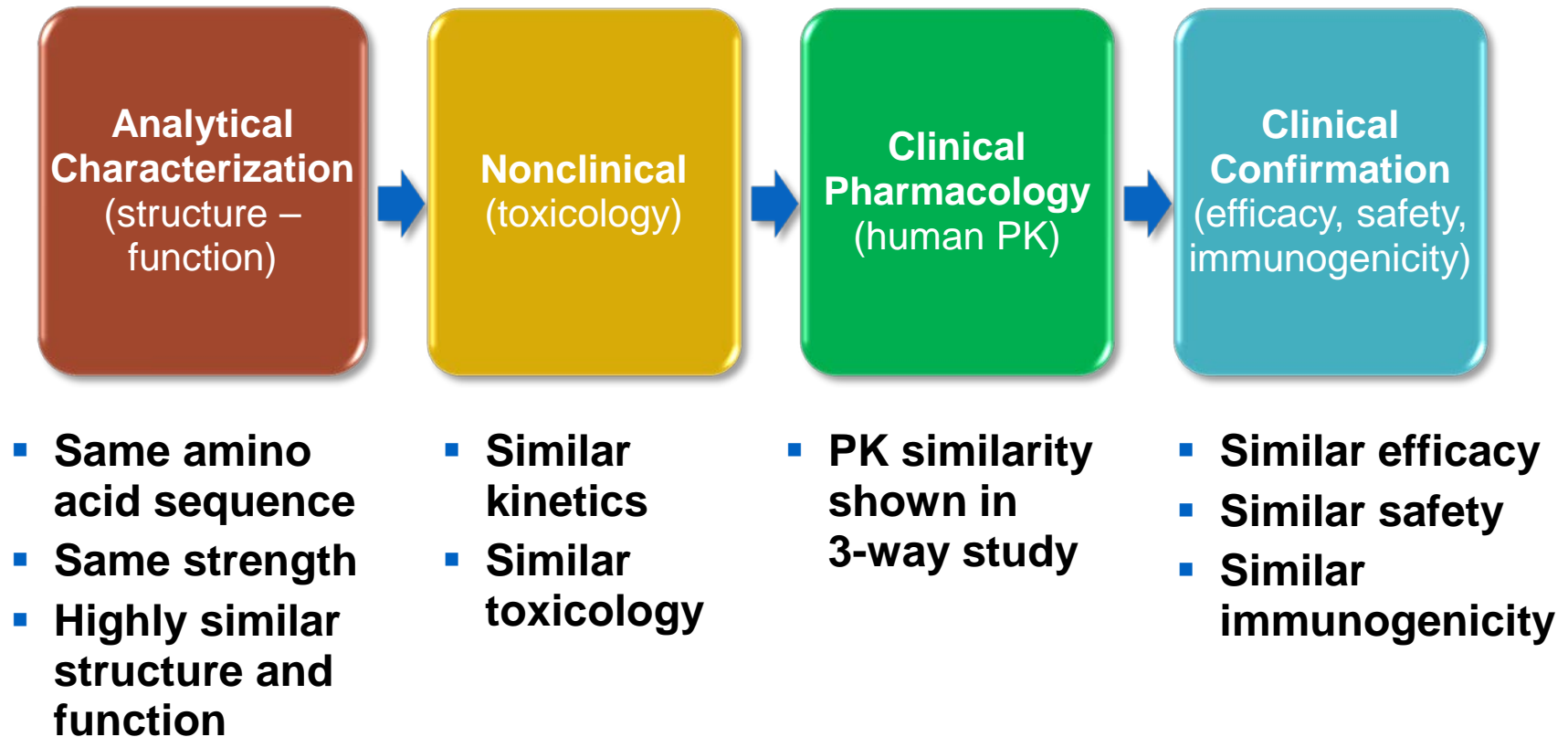
- **Similar Safety**

- Similar type, frequency, and severity of adverse events and no new safety risks

- **Similar Immunogenicity**

- Similar rates of binding and neutralizing anti-drug antibodies

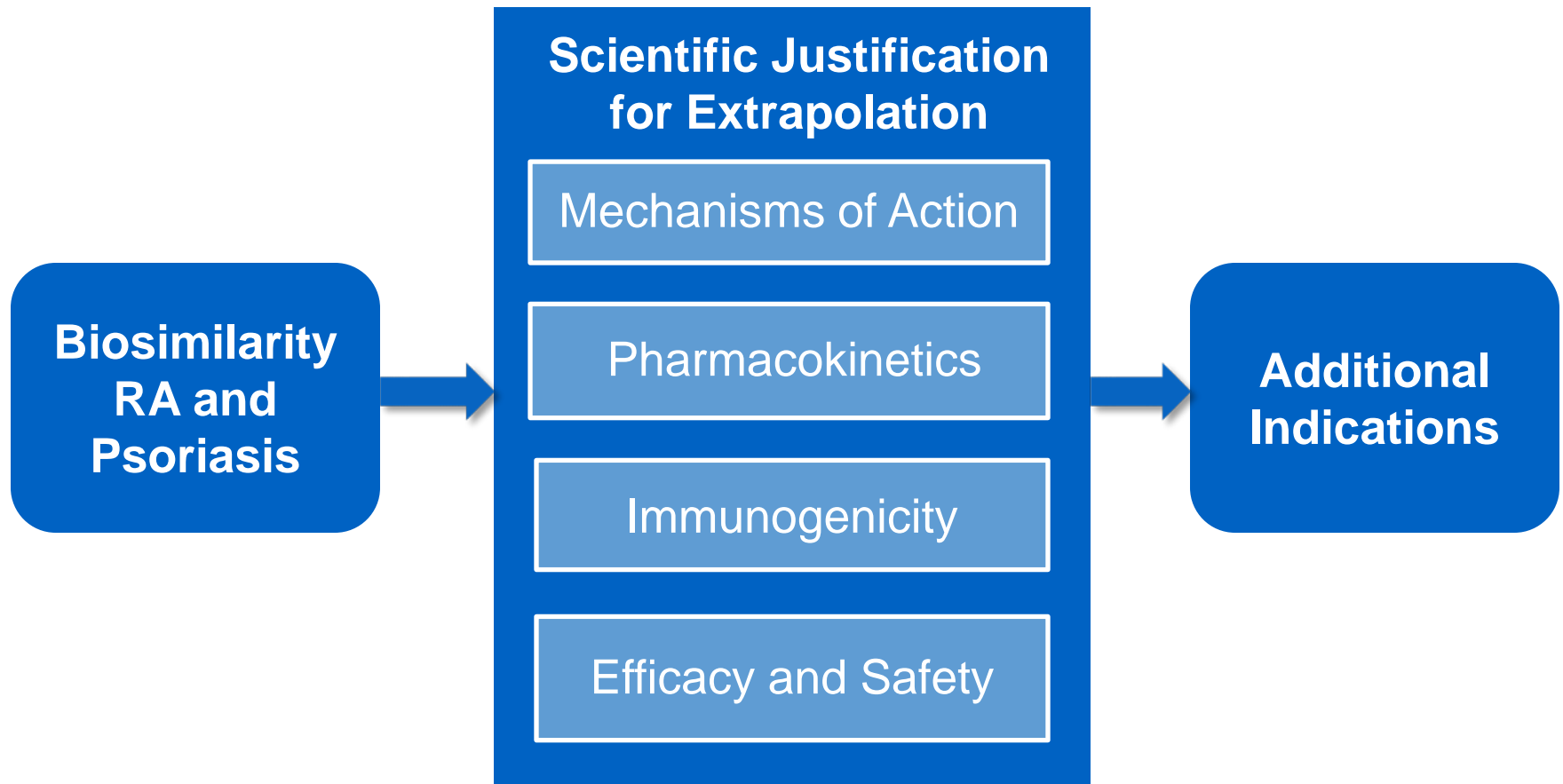
Totality of Evidence Demonstrates Biosimilarity of ABP 501



ABP 501 is highly similar to adalimumab with no clinically meaningful differences

Extrapolation

FDA Guidance Describes the Requirements for Extrapolation

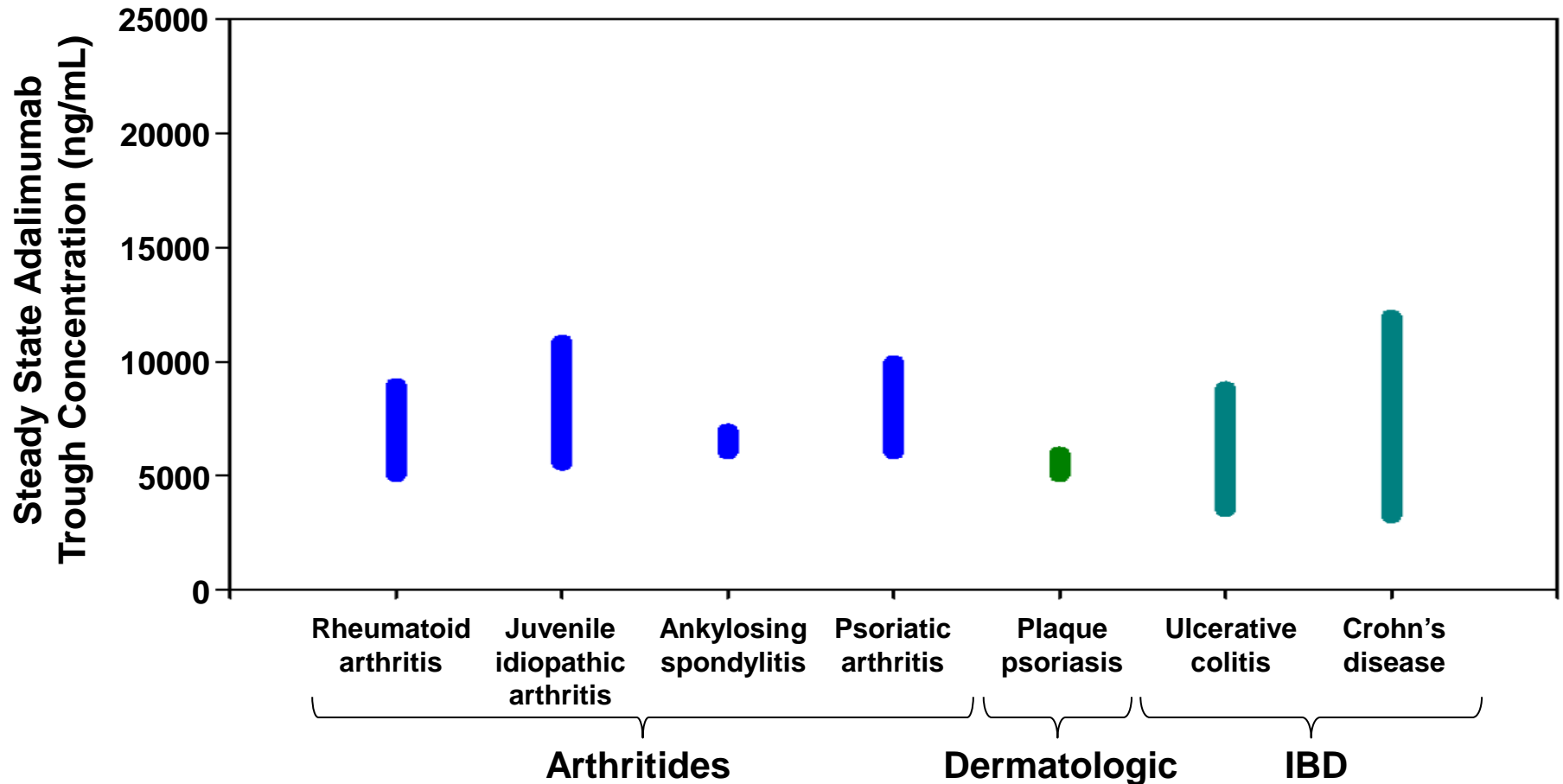


ABP 501 Functional Similarity is Demonstrated in All Mechanisms of Action

	Arthritides	Dermatologic	IBD
sTNF binding	✓	✓	✓
sTNF neutralization	✓	✓	✓
mbTNF binding	NA	NA	✓
Effector functions	NA	NA	✓
Modulation of Immune cells expressing mbTNF	NA	NA	✓

Similarity in common mechanisms, as well as in mechanisms possibly relevant to GI indications, has been demonstrated

Steady-state Trough Adalimumab Concentration is Consistent Across Different Patient Populations



The presented data represent the ranges of data located in: Humira Summary of Product Characteristics, 2016; Humira United States Prescribing Information; Baert et al, 2014; Karmiris et al, 2009. The dosing regimens were the same as found in the approved Humira United States Prescribing Information 2016.

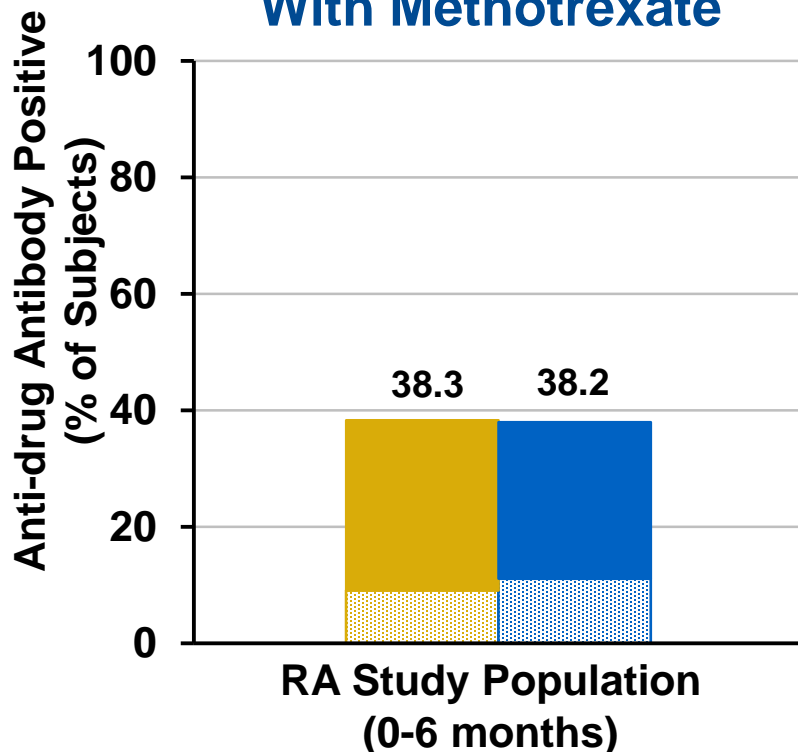
Immunogenicity With and Without Methotrexate

CD-52

Binding ADAs

■ ABP 501
■ Adalimumab

With Methotrexate

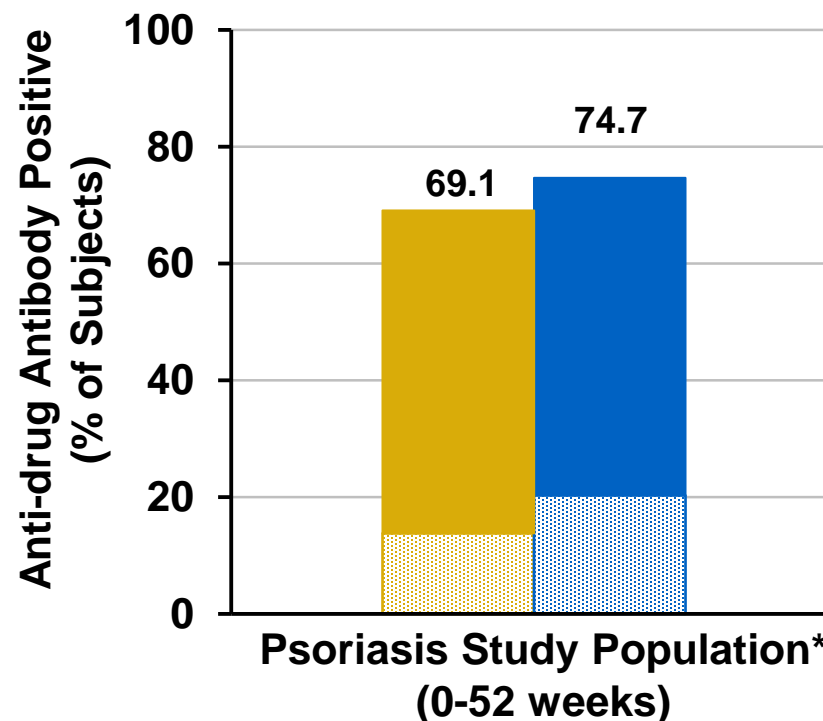


Binding ADA n = 101 100
Neutralizing ADA n = 24 29

Neutralizing ADAs

■ ABP 501
■ Adalimumab

Without Methotrexate

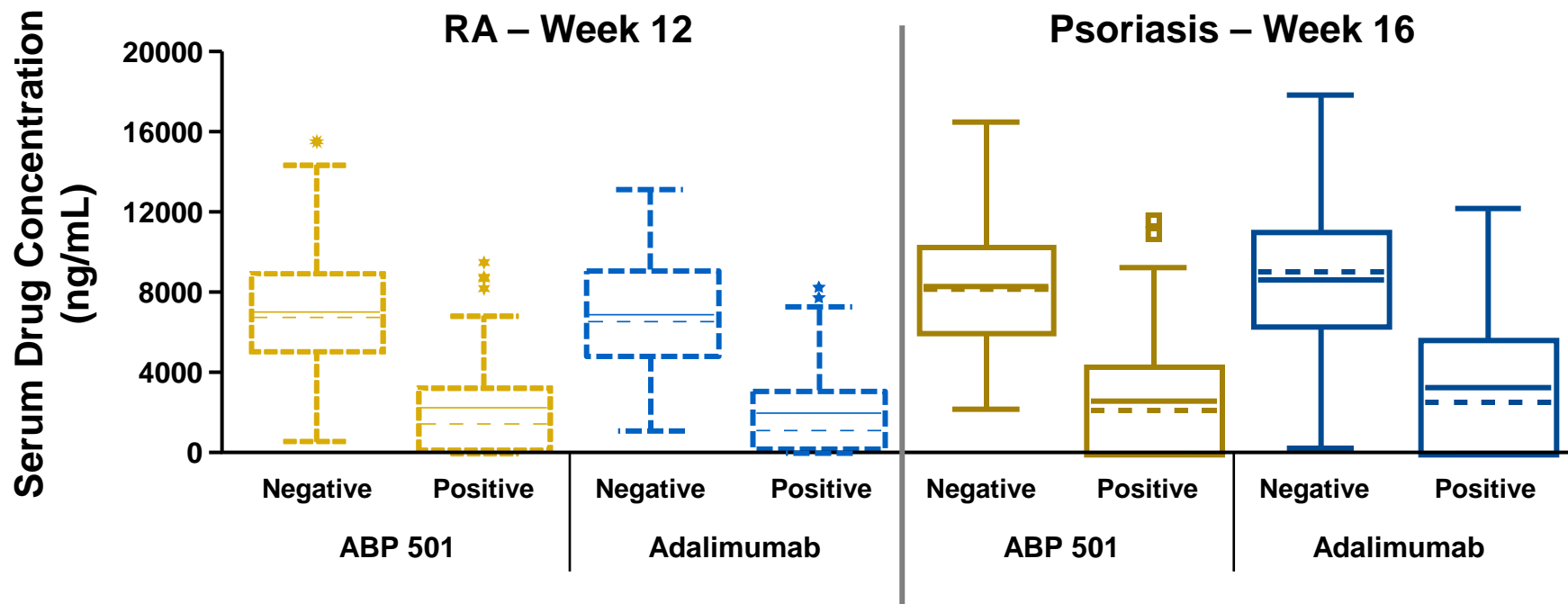


*Subjects re-randomized to continue ABP 501 or adalimumab throughout study.

Effect of Anti-drug Antibodies on PK is Similar for ABP 501 and Adalimumab

CD-53

Serum Trough Concentrations in Subjects in RA and Psoriasis Studies
(Negative and Positive for Binding Anti-drug Antibody)



Confidence in Extrapolation of Similarity to All Patient Populations

Mechanisms of Action

- ABP 501 is highly similar to adalimumab in sTNF α and mbTNF α binding, neutralization, effector functions, and immune cell function

Pharmacokinetics

- PK is similar between ABP 501 and adalimumab in 3 populations; no expected difference in other indications

Immunogenicity

- Immunogenicity is similar in RA (with methotrexate) and psoriasis (without methotrexate)

Efficacy & Safety

- Efficacy and safety of ABP 501 are similar to adalimumab in 2 sensitive patient populations

Agenda

Introduction

Richard Markus, MD, PhD
Global Development, Amgen

Analytical and Nonclinical Similarity

Simon Hotchin
Regulatory Affairs, Amgen

Clinical Similarity and Extrapolation to All Indications

Richard Markus, MD, PhD
Global Development, Amgen

Conclusion

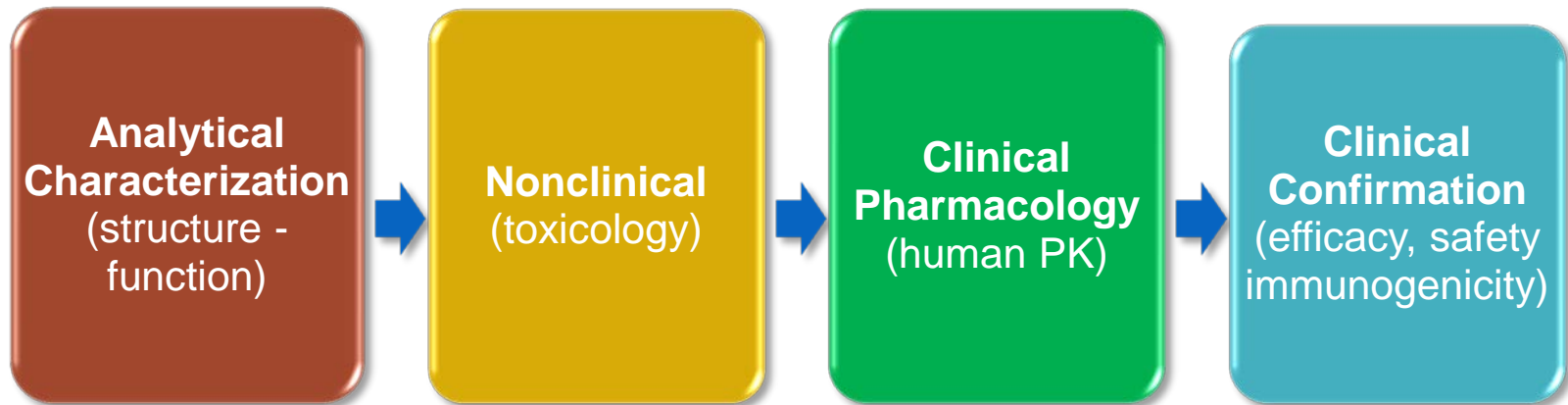
Steven Galson, MD, MPH
Regulatory Affairs and Safety, Amgen

Conclusions

Steven Galson, MD, MPH

Global Regulatory Affairs & Safety

Totality of Evidence



Totality of the data demonstrates high degree of structural, functional, and clinical similarity, and supports approval of ABP 501 for all indications

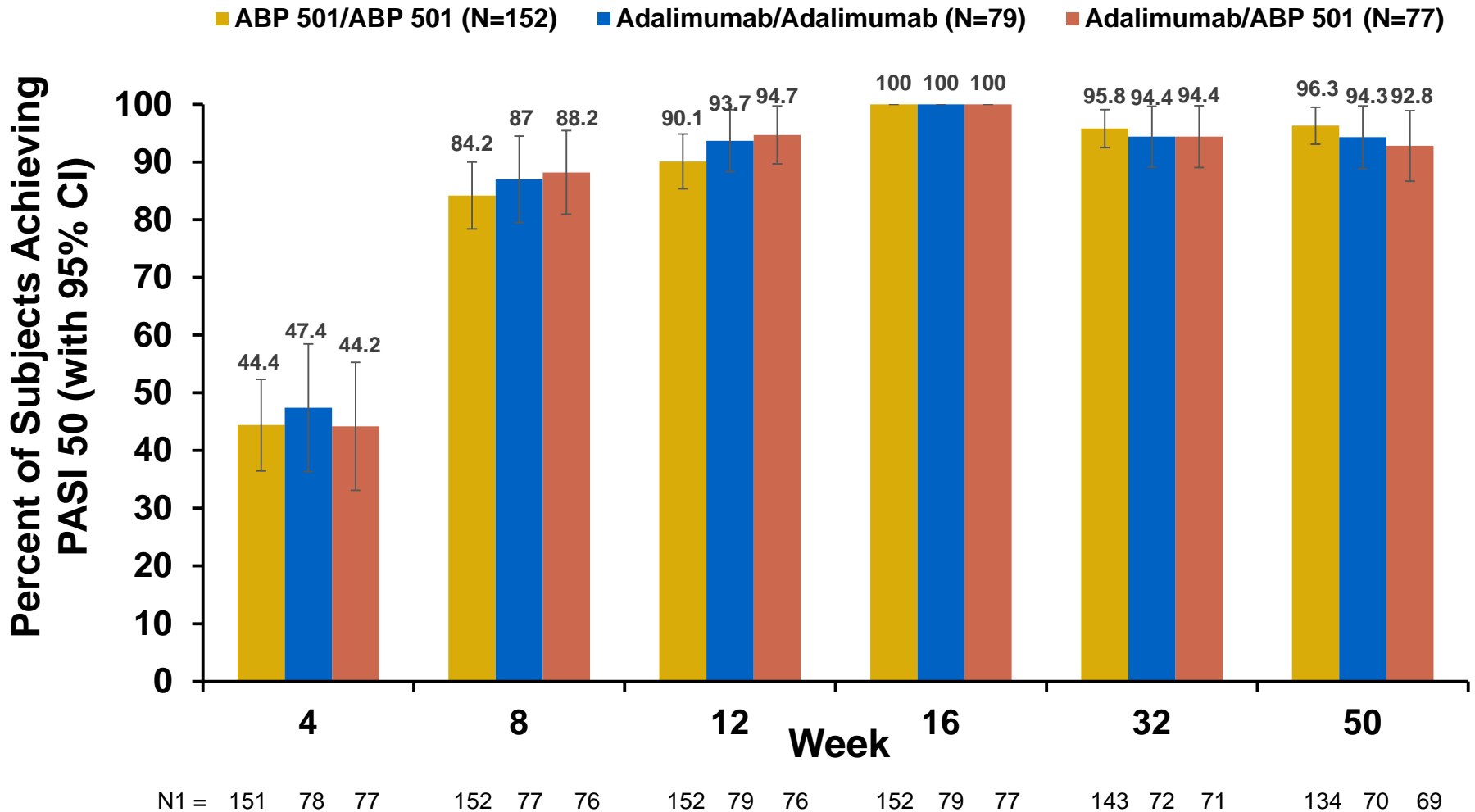
Amgen Biosimilars Commitment To Patients

- **Transparency, safety and availability are critical to long term confidence**
 - Distinguishable nonproprietary name to support traceability
 - Product-specific pharmacovigilance system
 - High quality product, reliably supplied

- **Increased access for patients is our goal**

Backups

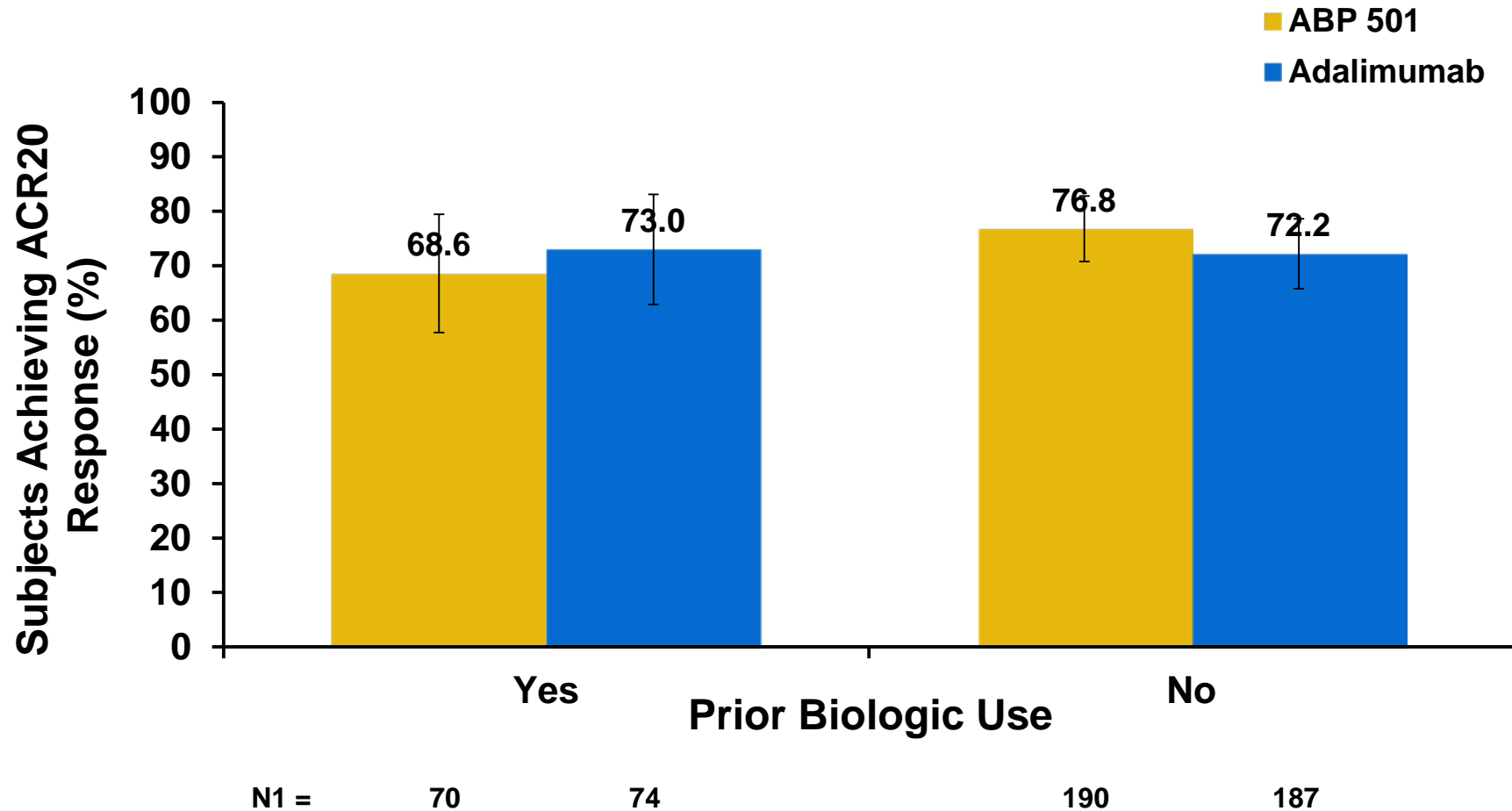
Psoriasis Study: PASI 50 Response through Week 50



Re-randomized analysis set, as observed.

Data on file, Amgen.

RA Study: Percent of Subjects Achieving ACR20 by Prior Biologic Use at Week 24



T5. pg 49. Summary of all Functional Similarity Assays

BD-27

Assay	Tier - Similarity Assessment Approach	Demonstrated Similarity
Apoptosis inhibition bioassay	1 – Equivalence acceptance criterion	√
Soluble TNF α binding	1 – Equivalence acceptance criterion	√
Binding kinetics to soluble TNF α	3 - Qualitative comparison	√
Binding to transmembrane TNF α	3 - Qualitative comparison	√
Inhibition of soluble TNF α -induced IL-8 in HUVEC	3 - Qualitative comparison	√
Inhibition of soluble TNF α -induced cell death in L929 cells	3 - Qualitative comparison	√
Inhibition of soluble TNF α induced chemokines ex vivo	3 - Qualitative comparison	√
Specificity against LT α in a HUVEC assay	3 - Qualitative comparison	√
Fc γ RIIIa (158V) binding	2 - Quality range	√
Fc γ RIIIa (158V) + TNF α binding	3 - Qualitative comparison	√
Fc γ RIa binding	3 - Qualitative comparison	√
Fc γ RIIa (131H) binding	3 - Qualitative comparison	√
Fc γ RIIIa (158F) binding	3 - Qualitative comparison	√
C1q binding	3 - Qualitative comparison	√
FcRn binding	2 - Quality range	√
Induction of ADCC	2 - Quality range	√
Induction of CDC	2 - Quality range	√
Inhibition of proliferation in an MLR	3 - Qualitative comparison	√

ADCC = antibody-dependent cell-mediated cytotoxicity; C1q = complement component 1,q;
 CDC = complement-dependent cytotoxicity; F = phenylalanine; Fab = fragment antigen binding; Fc = fragment crystallizable; Fc γ RIa = Fc gamma receptor type Ia; Fc γ RIIa = Fc gamma receptor type IIa; Fc γ RIIIa = Fc gamma receptor type IIIa; FcRn = neonatal Fc receptor; H = histidine; HUVEC = human umbilical vein endothelial cells; IL-8 = interleukin-8;
 LT α = lymphotoxin alpha; MLR = mixed lymphocyte reaction; soluble TNF α = soluble tumor necrosis factor alpha;
 V = valine.